Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 12 October 2021 at 10:30

County Hall, **West Bridgford, Nottingham, NG2 7QP**

AGENDA

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Tuesday 7 September 2021 at 10.30am

COUNCILLORS

Sue Saddington (Chairman)
Matt Barney (Vice-Chairman)

Mike Adams	David Martin
Callum Bailey **A**	John 'Maggie' McGrath **A**
Robert Corden	Michelle Welsh
Eddie Cubley	John Wilmott
Penny Gowland	

SUBSTITUTE MEMBERS

Pauline Allan
Gordon Wheeler.

Councillors in attendance

Richard Butler
Glynn Gilfoyle

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Lucy Dadge	-	NHS Nottingham & Nottinghamshire CCG
Idris Griffiths	-	Bassetlaw CCG
Joe Lunn	-	NHS Nottingham and Nottinghamshire CCG
Dr Ian Trimble	-	NHS Nottingham & Nottinghamshire CCG

1. MINUTES OF LAST MEETING HELD ON 13 JULY 2021

The minutes of the last meeting held on 13 July 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Councillor Callum Bailey – Other reasons
Councillor John 'Maggie' McGrath – Other reasons.

3. DECLARATIONS OF INTERESTS

None.

4. BASSETLAW MENTAL HEALTH ENGAGEMENT AND PROPOSALS

The Committee Chairman, Councillor Sue Saddington, introduced the item, welcoming Idris Griffiths, Chief Officer of Bassetlaw Clinical Commissioning Group (CCG) to the meeting.

Councillor Saddington reiterated the Committee's position at its July 2021 meeting in respect of Bassetlaw CCG's proposals, noted the Governing Body's decision in principle to approve the proposals and expressed disappointment that individual travel plans were still not available to the Committee.

In response, Mr Griffiths explained that significant progress had been made since the previous meeting, making the following points:

- A Task and Finish Group had been established to address the acknowledged travel concerns of Bassetlaw residents. With physical movement of patients not expected until the Spring of 2022, there was sufficient time to get appropriate travel plans in place;

- The Governing Body decision was part of a wider decision on a suite of services, unlocking £4 million of funding for community support, suicide intervention and young people's services. The decision had not been taken to save money, and overall there would more available beds in Nottinghamshire as a whole;

- A further report was to be considered by the Governing Body at it's meeting on 19 October 2021, and it was anxious to consider this in the context of the Committee's concerns.

A wide-ranging discussion then followed, with a number of issues raised and points made:

- In response to the assertion that patients from elsewhere in Nottinghamshire chose mental health facilities at Bassetlaw so that they could receive treatment where they were not known, Mr Griffiths expressed the view that it was unlikely that this was a key factor for the majority of patients receiving treatment there;

- The current facility could not cater for complex needs, meaning that specialist intervention needed delivering outside Bassetlaw;

- It was confirmed that preparatory works at Sherwood Oaks and Millbrook would be carried out sequentially from Spring 2022, providing time for travel plans to be drawn up. A clear statement in respect of the overall project schedule would be made available to the Committee. The suggestion that the CCG engage with County Council transport colleagues to inform travel plans was welcomed;

- It was confirmed that travel plans would be permanent, but would also be kept under review;

- The point was made that national standards for mental health facilities had changed over time, and that what had been considered acceptable in the past, for example dormitory-style accommodation, was no longer deemed so. The planned new facilities would provide improved physical indoor and outdoor space for patients;

- In response to the assertion that 'crash bed' facilities were needed in Bassetlaw on an ongoing basis, Mr Griffiths advised that these were being actively considered by the CCG;

- It was accepted that there was a national desire to support older people more generally within the community and to minimise hospital admissions, but this was primarily a social care issue rather than a health one;

- Councillor Glynn Gilfoyle, a Bassetlaw councillor who had recently visited the current facility, was invited to address the Committee. He expressed the view that the conditions for current patients were unacceptable and had deteriorated. While the need for change was not in question, his preference was for a retained service in Bassetlaw, particularly for elderly patients.

- The Chairman concurred with the views expressed by Councillor Gilfoyle, and requested an update – to include travel plans and consideration of an alternative physical presence in Bassetlaw – at the Committee's October 2021 meeting;

The Committee then unanimously:

RESOLVED 2021/002

Not to endorse Bassetlaw Clinical Commissioning Group's proposals for mental health service provision, pending receipt of assurances on travel provision and further consideration of service provision at a physical location within Bassetlaw.

The Chairman thanked Mr Griffiths for his attendance at the meeting.

5. ACCESS TO PRIMARY CARE

NHS Nottingham and Nottinghamshire CCG representatives Lucy Dadge. Chief Commissioning Officer and Joe Lunn, Associate Director of Primary Care, were joined by Sherwood GP Dr Ian Trimble, to provide an initial briefing on access to

primary care. The briefing addressed the NHS contractual and Quality and Outcomes Framework context of primary care access, along with headline data on access, the outcomes of the latest nationwide GP Survey, and an update on how booking a routine appointment has changed during the pandemic.

A number of issues were raised and points made during discussion:

- The accuracy of GP access data provided was questioned. Numbers of face-to-face and telephone consultations appeared at odds with feedback received by councillors from residents;

- It was explained that the data was extracted from clinical data systems. It did not capture initial triage, but rather how many consultations were ultimately delivered. It also captured the totality of appointments at GP practices, not just those with GPs. The local trends reflected those at national level;

- It was acknowledged that there was an issue with the categorisation of access data – this was under review and changes were expected later in 2021;

- The point was made that there was a major variation in performance between the best – and worst – performing GP practices. It was explained that information on the performance of individual GP practices was already currently available and downloadable, but was published once a year. Waiting times were not currently included, but were expected to be an indicator by 2022-2023;

- Standardised GP performance data was extracted directly from GP systems and aggregated by NHS Digital. The data was currently only scrutinised at national level, but this was likely to change post-pandemic;

- The point was made that GP practices dealt with a wide variation in health inequalities, data needed contextualising to reflect those inequalities;

- CCG representatives asked to be made aware of areas of specific concern in respect of GP practice performance so that these could be followed up;

- Several councillors reported resident concerns about issues getting face-to-face GP appointments. In response, it was explained that telephone triaging had been introduced as a national requirement to restrict the spread of Covid-19. While triaging was still in place, more and more face to face appointments would be offered in future. There was a ‘crisis of perception’ that face to face consultation wasn’t available – it remained the ‘gold standard’ in respect of GP consultation;

- Primary care was configured under a single national contract, where practices were paid a sum of money to address changing needs at any given time. GP contractual arrangements did not make a material difference to the level and type of services provided;

- It was acknowledged that GP practice boundaries were reviewed and changed from time to time, particularly within areas experiencing dynamic demographic changes;
- It was confirmed that responsibility for monitoring and reviewing the issue of repeat prescriptions lay with GP practices, while NHS England held responsibility for the preparation of blister pack delivered by pharmacies;

- GP best practice was disseminated through a programme of postgraduate-level protected learning events, and was available to nurses and practice staff as well;

- CCG representatives undertook to look into the opening-up rates of GP practices post-pandemic, but cautioned that there could be a range of issues at play, including the configuration of the estate, practice size and physical access restrictions;

- CCG representatives advised that responsibility for elective waiting lists for hip, knee and related surgery lay with acute hospitals, and that any future discussion on onward referral from GPs to hospitals would benefit from their involvement;

- CCG representatives advised that it was important for the Committee to understand how GP funding was managed at Primary Care Network level, and undertook to provide further details. A request was made for information on funding levels per patient received by GP practices, along with numbers of appointments delivered. CCG representatives undertook to liaise with the Health Scrutiny Lead, Martin Gately, to provide the information;

- The view was expressed that the role of and approach taken by GP receptionists as 'gatekeepers' to GP services was seen as a barrier to access by residents.

Arising from discussions, the Committee Chairman requested that CCG representatives return in November 2021 with a breakdown/league table of best- to worst- performing GP practices by District, providing details in respect of patient numbers, GP numbers, and nurse numbers for each.

6. WORK PROGRAMME

Subject to including:

- an update on Bassetlaw CCG mental health service proposals to the October 2021 meeting, as agreed at item 4 above;

- an update on Access to Primary Care to the November 2021 meeting, as agreed at item 5 above, and

- timetabling consideration of Dentistry Services to a future meeting: a

the Committee work programme was approved.

The meeting closed at 1:30pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 October 2021

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

MENTAL HEALTH CRISIS SERVICES

Purpose of the Report

1. To provide an initial briefing on mental health crisis services.

Information

2. Dr Julie Attfield, Executive Director of Local Mental Health Services, NHS Nottinghamshire Healthcare Trust will attend the Health Scrutiny Committee to provide Members with a comprehensive briefing on crisis mental health services to commence a review of mental health issues of concern.

3. A written briefing from the Healthcare Trust is attached to this report as appendix1. In addition, a presentation which will be given by Dr Attfield is attached as Appendix 2.

4. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration as part of this ongoing review.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council
Oversight and Scrutiny Committee
Nottinghamshire Healthcare Trust Mental Health update
September 2021

1.0 Introduction

This paper gives a brief summary of local Mental Health service provision including key performance measures and the impact of the Covid-19 pandemic and an update on the local Mental Health Transformation plans

2.0 Performance

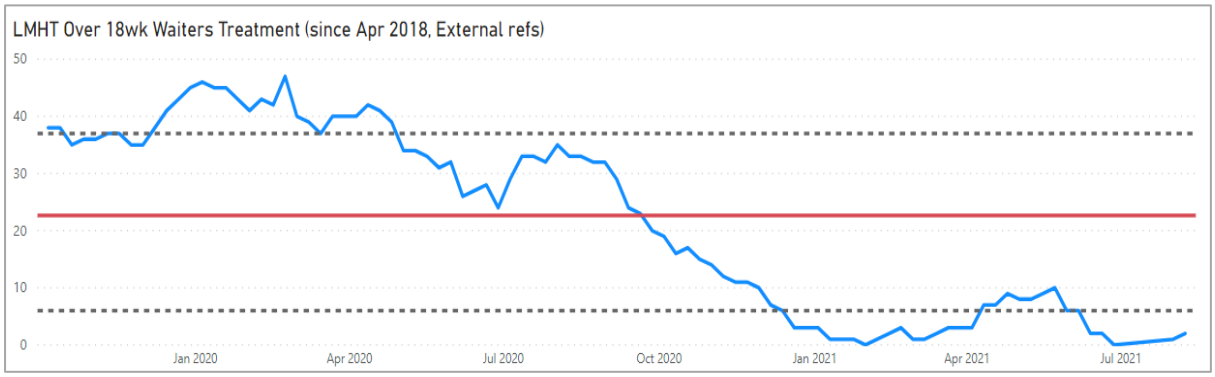
I. COVID Impact on Activity

Our services have seen a variety of changes in activity over the last 18 months, some services, such as the Children and Young People Eating Disorder Service, Psychology and the Adults Crisis Service have seen levels of referrals increase. However other services, such as Local Mental Health Teams, have seen steady referral levels through the pandemic.

II. Access to Services & Waiting Times

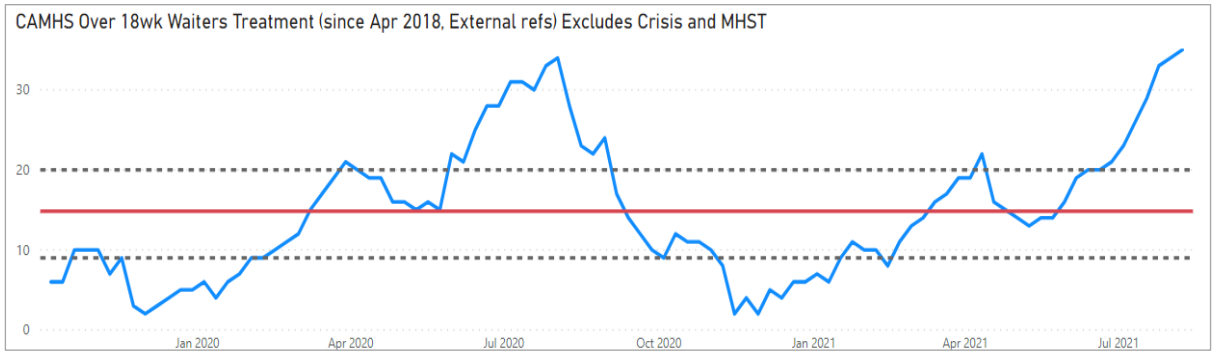
- Our waiting times for **Improving Access to Psychological Therapies (IAPT)**, remain consistently above national targets, with 100% of our patients now being seen within 18 weeks, and over 95% seen within 6 weeks. The IAPT Recovery target has now been achieved for 18 successive months of reporting.
- Over 8 out of 10 of our mental health patients are followed up within **72 hours of discharge**.
- Our **Early Intervention in Psychosis (EIP)** Teams continue to deliver treatment to over 85% of patients within two weeks, significantly ahead of the national target of 60%.
- The length of time our older patients have waited for **Memory Assessment Services** continues to fall, at 10 weeks currently, having been 15 weeks in March.
- We are struggling to deliver the goal of 95% for **routine and urgent treatment of young people with eating disorders,** with 86% of patients treated within 4 weeks (routine) and 63% of patients treated in one week (urgent), at the end of Quarter 1 21/22.
- The overall level of **Physical Health checks** continues to increase, driven by much improved levels within our EIP Service, (now running at double the rate of last year).
- Our **Mental Health Support Teams in schools** service was the first to go live nationally and is now held up a national exemplar, supporting 112 schools across Nottinghamshire.

- **Local Mental Health Teams'** average treatment time is currently around 7 to 8 weeks, an improvement on waiting times for the same period last year. The number of patients waiting over 18 weeks has significantly decreased over the past year.



- Our **Step 4 Psychotherapy and Psychological Therapies** have been particularly disrupted by COVID, as certain therapies cannot be delivered virtually; this has unfortunately led to patients commonly waiting more than 6 months for treatment.

- We are experiencing waiting times pressures across some local services including Step 4 Psychological Therapies, CAMHS Community Services, Adult and Children and Young People Eating Disorder Services and our Trauma Service.



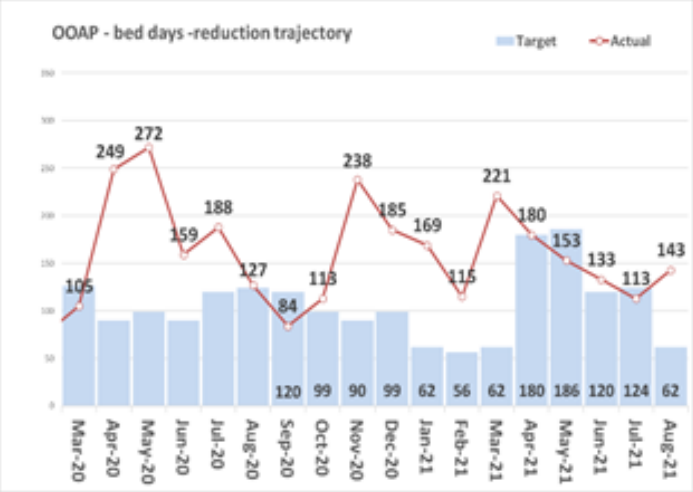
- Where we do have waiting time challenges, the services are actively managing the waiting list according to clinical priority and following the Trust Waiting Well Policy to support patients and minimise risk.

III. Out of Area Placements

Inappropriate Out of Area mental health placements halved from an average of 464 bed days per month in 2019/2020 to 177 for 2020/2021. The Trust achieved the Quarter 1 21/22 target, recording 466 against a target of 486 bed days.

Our ambitious Adult Mental Health transformation program is helping to reshape our Crisis service provision to better meet the needs of our community, and, through effective collaboration with other local healthcare providers, we continue to reduce the bed usage outside Nottinghamshire.

However, ward closures due to COVID and the closure of some of our sub-contracted provision has made the reduction of out of area placements very challenging over the past 15 months. Currently, we have six patients in such placements, **but our ambition is to end all out of area placements by March 2022.**



3.0 Transformation plans

I. National Guidance

The Mental Health Long Term Plan (MHLTP) sets out the standards and ambitions for Mental Health Services until 2023/24, building on the Five-Year Forward View released in 2016.

Supported by an investment commitment of around £40 million across the ICS area the national transformation plans for mental health are wide ranging and comprehensive and when delivered locally will transform care and delivery models, improving patient experience and reducing health inequalities. The transformation plans will develop across the ICS over the next three years in partnership with key local stakeholders such as social care, VCSE, Primary care etc. The Nottinghamshire ICS Mental Health and Social Care Strategy local data on service demand has also been used to inform plans.

The LTP for Mental Health encompasses the following transformation programmes to be delivered by 2023/24:

- Specialist Community Perinatal Mental Health
- Children and Young People's (CYP) Mental Health
- Adult Common Mental Illnesses (IAPT)
- Adult Severe Mental Illnesses (SMI) Community Care
- Mental Health Crisis Care and Liaison
- Therapeutic Acute Mental Health Inpatient Care
- Suicide Reduction and Bereavement Support

In addition, in 2021/22 the following programmes have been added:

- Discharge Funding
- Rough Sleeping
- Workforce Support

II. Local Ambitions and Targets

The Community Mental Health Framework for Adults and Older Adults sets out key requirements for transformation plans recognising the workforce, skills and challenges that we are currently experiencing. The recommendations focus heavily on partnership working and developing capacity in the Voluntary and Community sector and Primary Care. The framework also sets out specific requirements to increase the access to Psychological Interventions and develop specific service offers for patients with Personality Disorders and Long-Term Community Rehabilitation needs. Plans are in place to develop local Mental Health Partnerships involving all key stakeholders to design and deliver the transformation plans.

Local targets to be achieved by 2024 of:

- 6,303 people with a Severe Mental illness will receive a full annual physical health check, an increase from 4500 in 2019
- 60% of people experiencing a first episode of psychosis will have access to a NICE-approved care package within two weeks of referral,
- 60% of services will achieve Level 3 NICE concordance by 2020/21and by 23/24 the 60% Early Intervention in Psychosis access standard will be maintained and 95% of services will achieve Level 3 NICE concordance,
- New Integrated Community Models for Adults with SMI spanning both core community provision and dedicated services will ensure at least 8200 adults and older adults have greater choice and control over their care, and are supported to live well in their communities,
- 1210 people a year will have access to Individual Placement and Support (IPS) services an increase from 500 in 2020. Focused on supporting patients with severe mental illness to access employment and training.
- 8000 children and young people will access Mental Health an increase from 7000 in 2019
- 1300 women will access local perinatal services an increase from 600 in 2019
- Crisis services will be all age and provide 24/7 access and support

The Community Mental Health Framework for Adults and Older Adults sets out an ambition for close alignment with the 15 Nottinghamshire County Primary Care Networks (PCNs) and services are expected to work within these service footprints. PCN Mental Health Practitioners are being currently being recruited to support patients in primary care and act as the bridge between primary and secondary care. These roles will grow over the next three years from 1 practitioner per PCN to 3 per PCN by 23/24.

III. Addressing Health Inequalities

An important focus for all programme areas is the impact they will have on addressing the underlying determinants of health inequalities. Mental Health Partnership groups are being developed across the Integrated Care Partnerships (ICP) to develop processes coproduce plans using the principles below;

- Co-commission and co-design accessible, culturally tailored and culturally appropriate services with communities to meet the needs of people whom services struggle to engage or whom experience unequal outcomes;

- Review performance of KPIs by protected characteristics, including people living in deprived areas and ethnic minority groups.

- Strengthen relationships with grassroots VSCE organisations and user-led groups which work with and can meet the needs of communities facing specific inequalities.

- Use transformation funding to commission VCSE-led organisations to address inequalities amongst underserved SMI populations.

IV. Risks and challenges

The Mental Health investment plan is an excellent commitment to the long-term delivery of services, however the scale of recruitment around 220 new posts over a 4-year period and service change required in a relatively short period time and against the back -drop of an ongoing pandemic has been a challenge. Main areas of challenge are the recruitment of suitably skilled staff and partner organisations ability to expand at pace. We are working closely with ICS and national workforce and training leads to develop training and development programmes and working with the local Voluntary Community Sector to support growth and invest in the required infrastructure

Local Mental Health Services

Impact of COVID-19

Performance & Waiting

Crisis Services

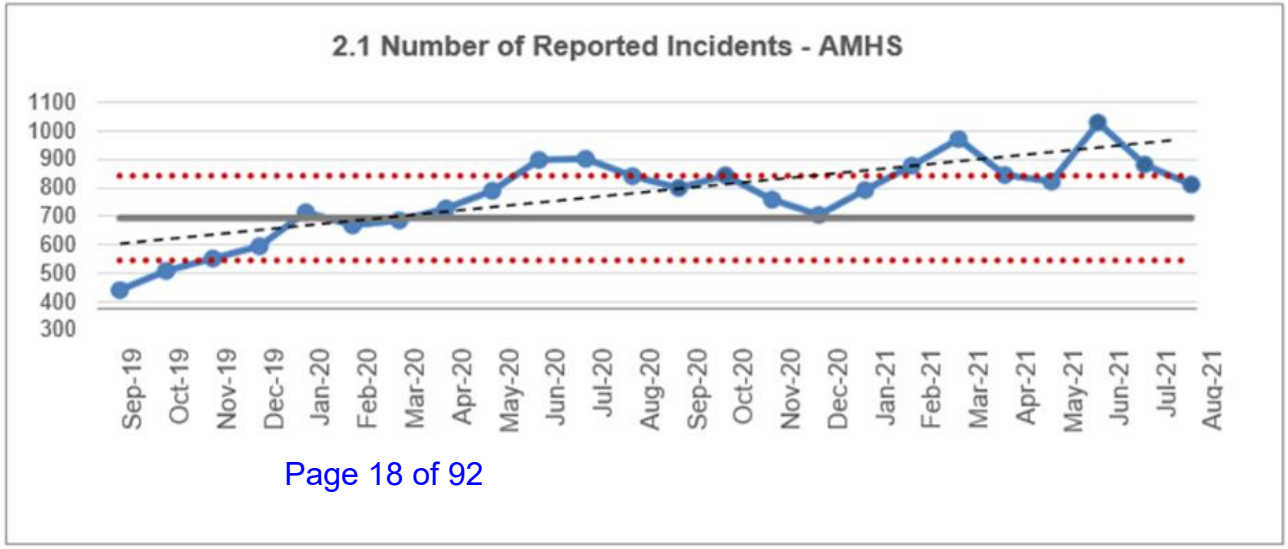
CQC Update

Patient Experience

Mental Health Strategy Plans

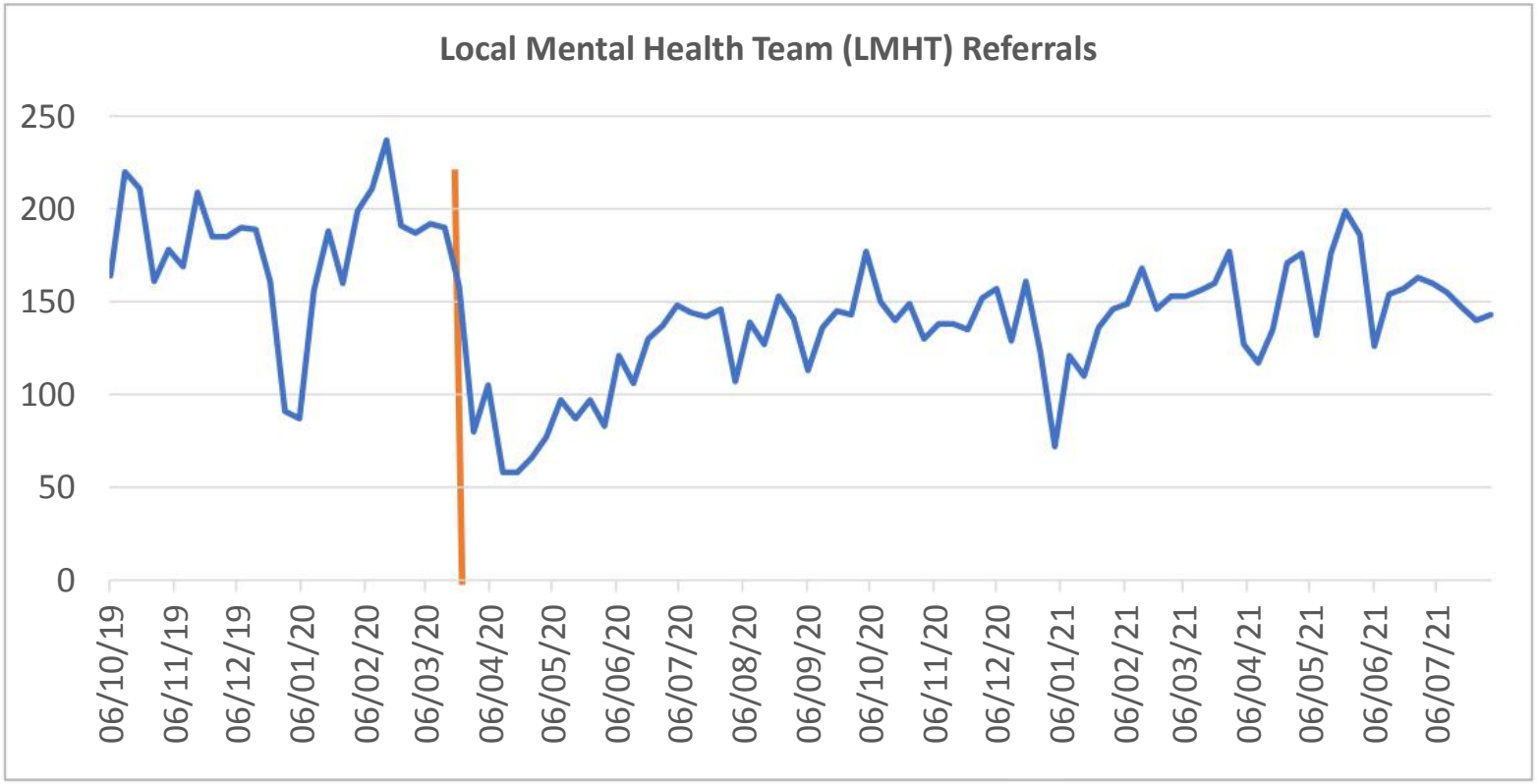
COVID-19 Headlines

- Minimal Derogations
- Keeping pace with changing guidance, PPE, visits, leave COVID-19 safe
- Loss of bed capacity due to cohorting or outbreaks
- Loss of staff – shielding, family, isolating, sickness
- Availability of clinic & office space
- Increase in acuity
- Implementing testing
- Vaccination programme

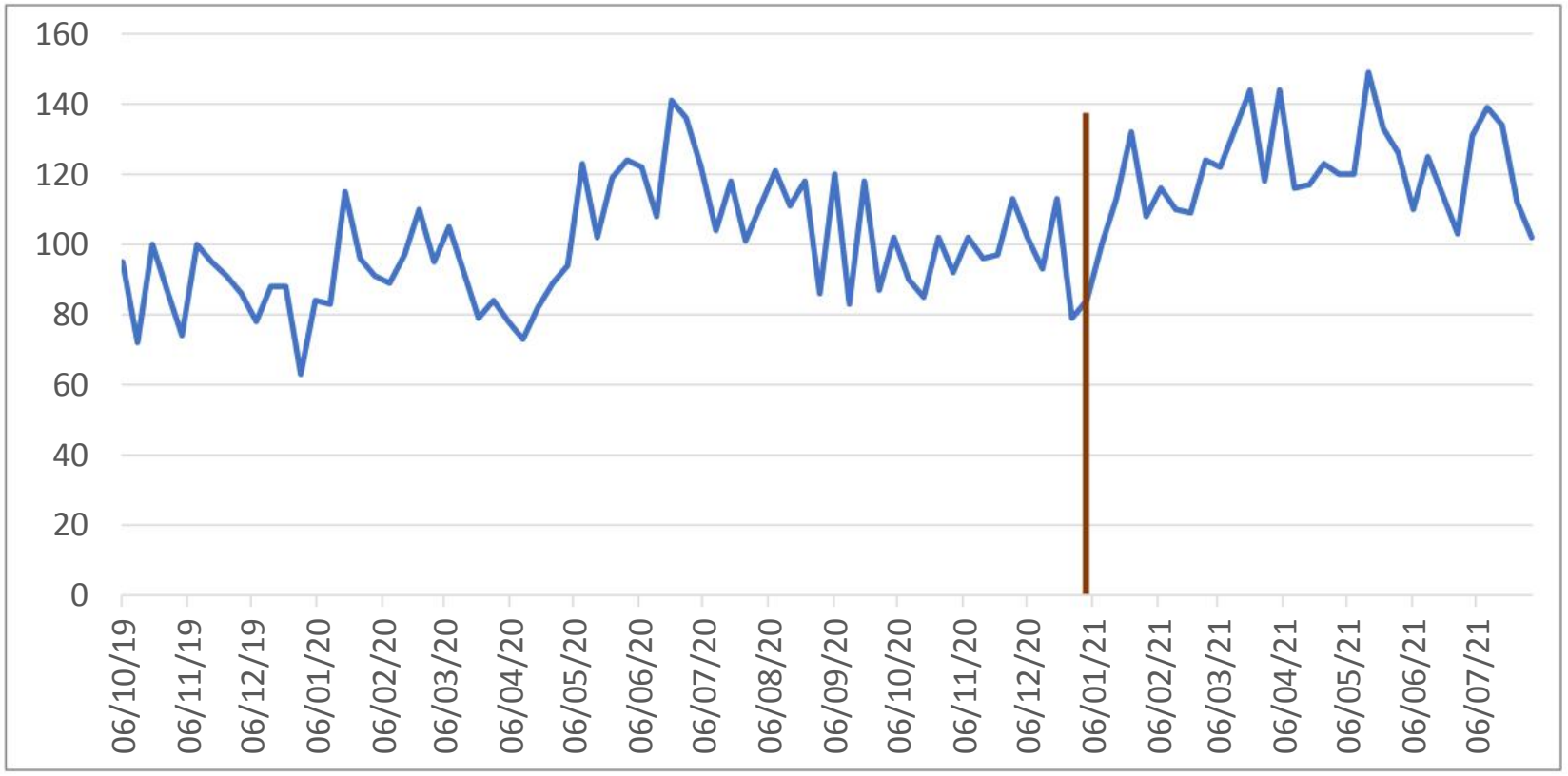


Changes in Referrals & Access

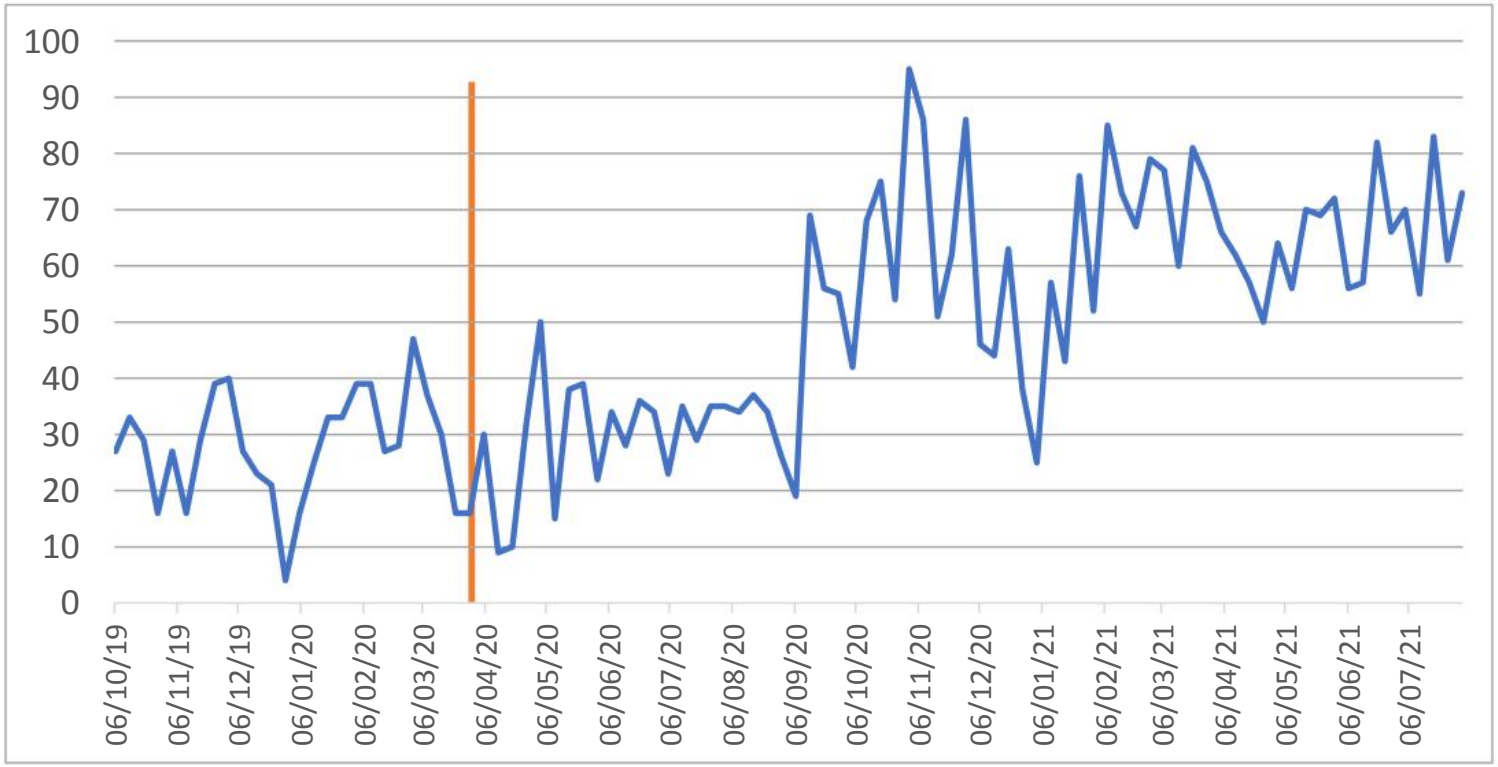
Adult Mental Health Referrals



Crisis Referrals increasing since January 21

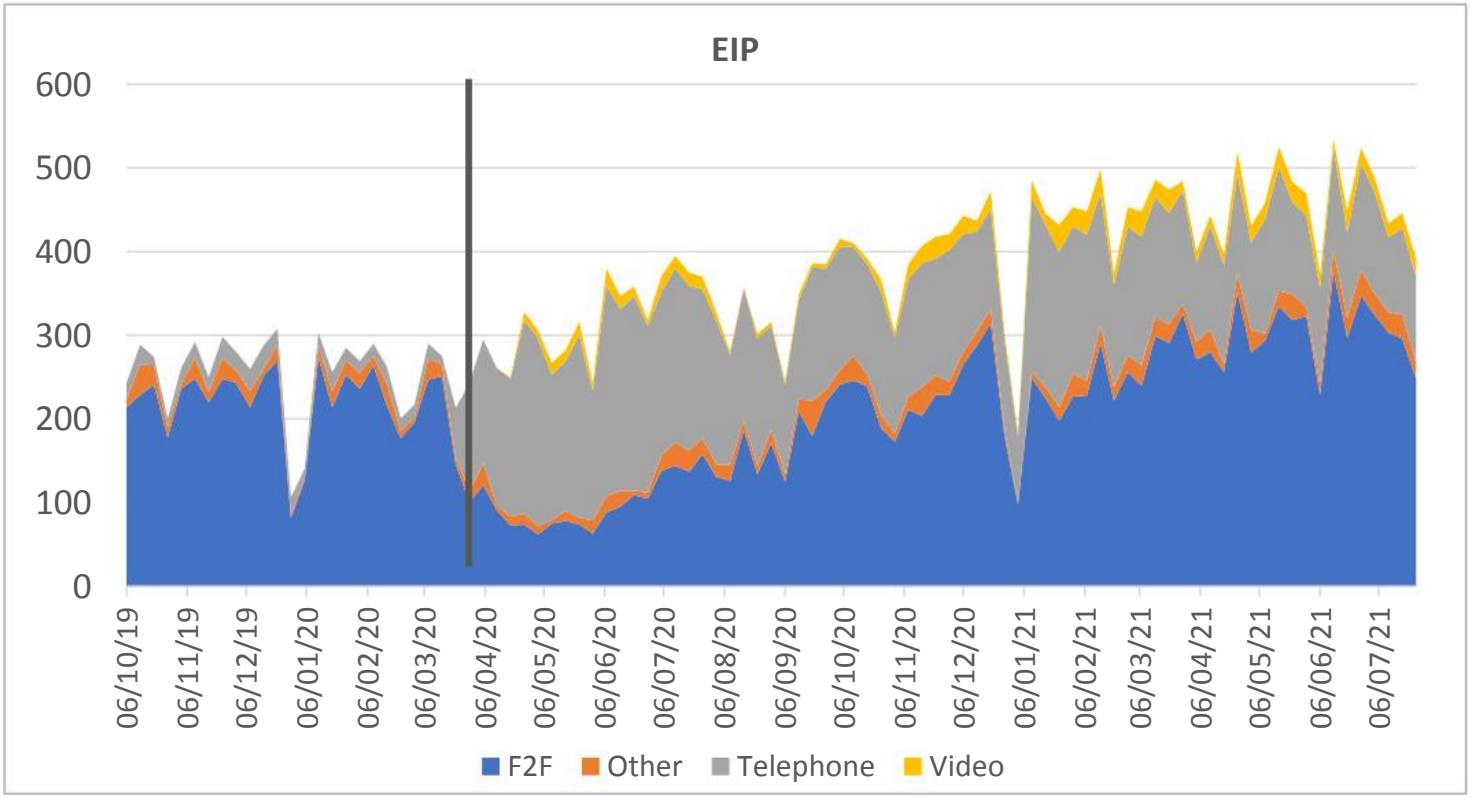


Intellectual Developmental Disability Referrals

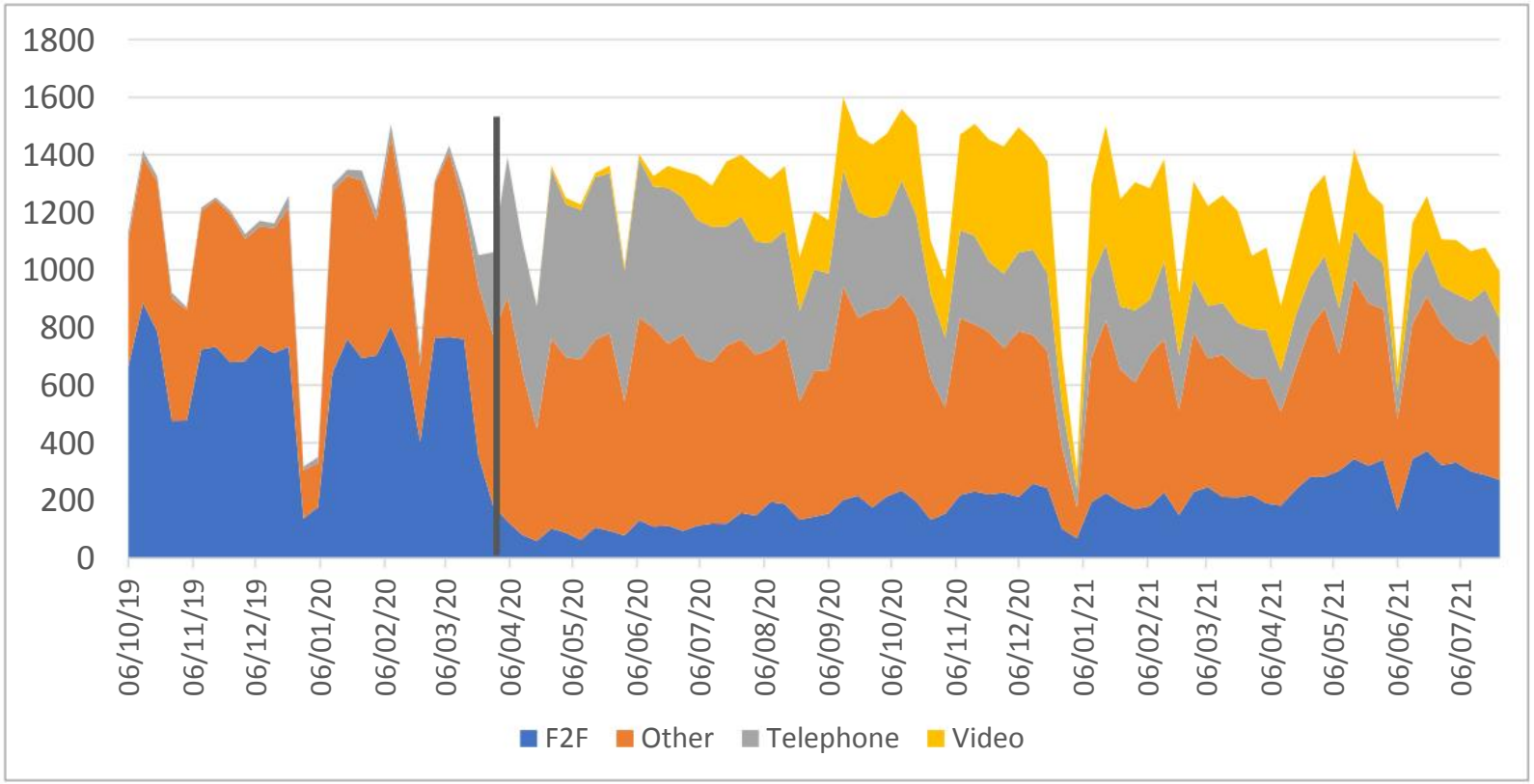


Increase in Contacts

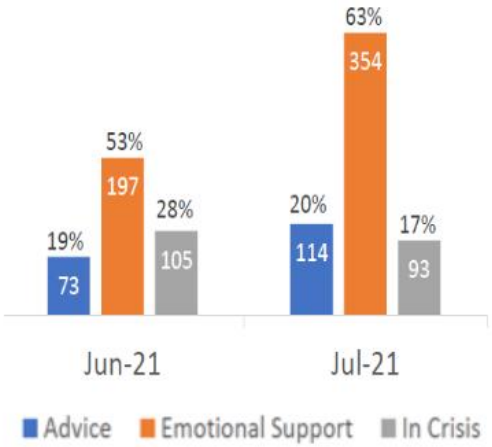
e.g. The increase in Early Intervention in Psychosis (see chart below) mirrored across most services



Child & Adolescent Mental Health Contacts (non Crisis)



Mental Health Crisis Line call reason since launch of increased capacity



In 2020 the crisis access line was launched as part of the Covid – 19 pandemic response, as part of the expansion and service improvement plans the line has now merged with VCS provider Turning Point providing more capacity to answer the calls and improved reporting. In important point of note is that call reasons were mainly for Emotional Support with a total of **551** for June and July, and there were a total of **198** calls from people who were in Crisis. This is being considered in the long term planning and how can better meet the needs of patients.

Access to Services & Waiting Times

- Our waiting times for **Improving Access to Psychological Therapies (IAPT)**, remain consistently above national targets, with 100% of our patients now being seen within 18 weeks, and over 95% seen within 6 weeks. The IAPT Recovery target has now been achieved for 16 successive months of reporting.

- Over 8 out of 10 of our mental health patients are followed up within **72 hours of discharge**.

- Our **Early Intervention in Psychosis (EIP)** Teams continue to deliver treatment to over 85% of patients within two weeks, significantly ahead of the national target of 60%.

- The length of time our older patients have waited for **Memory Assessment Services** continues to fall, at 10 weeks currently, having been 15 weeks in March.

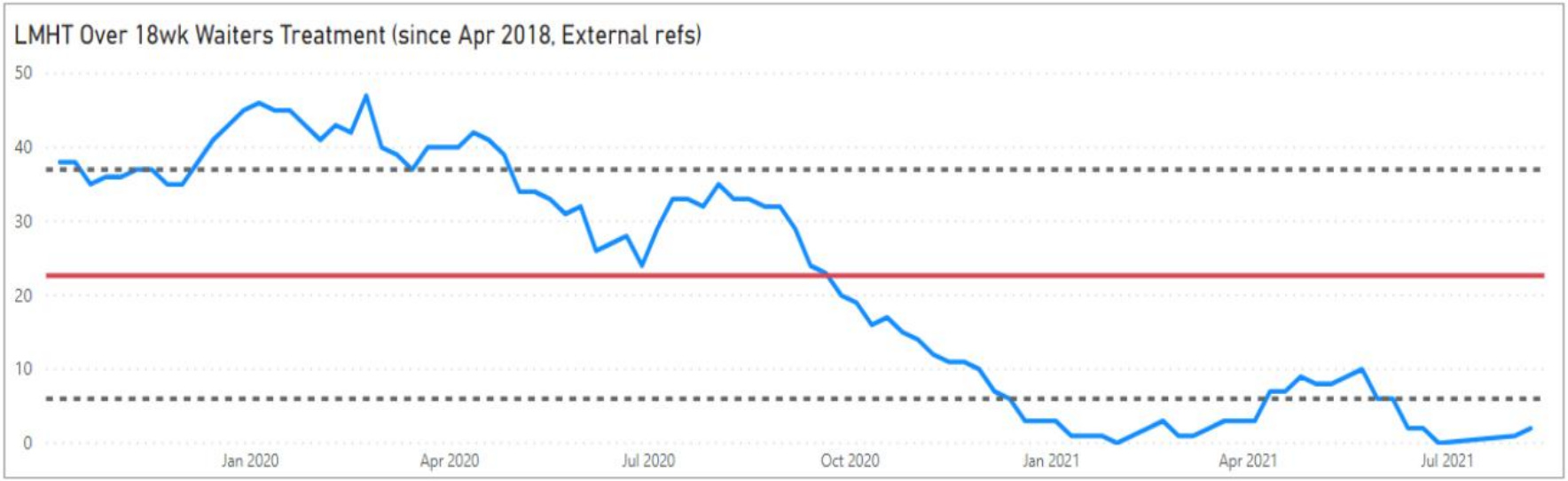
- We are struggling to deliver the goal of 95% for **routine and urgent treatment of young people with eating disorders,** with 86% of patients treated within 4 weeks (routine) and 63% of patients treated in one week (urgent), at the end of Quarter 1 21/22.

- The overall level of **Physical Health-Checks** health checks continues to increase, driven by much improved levels within our EIP Service, (now running at double the rate of last year).

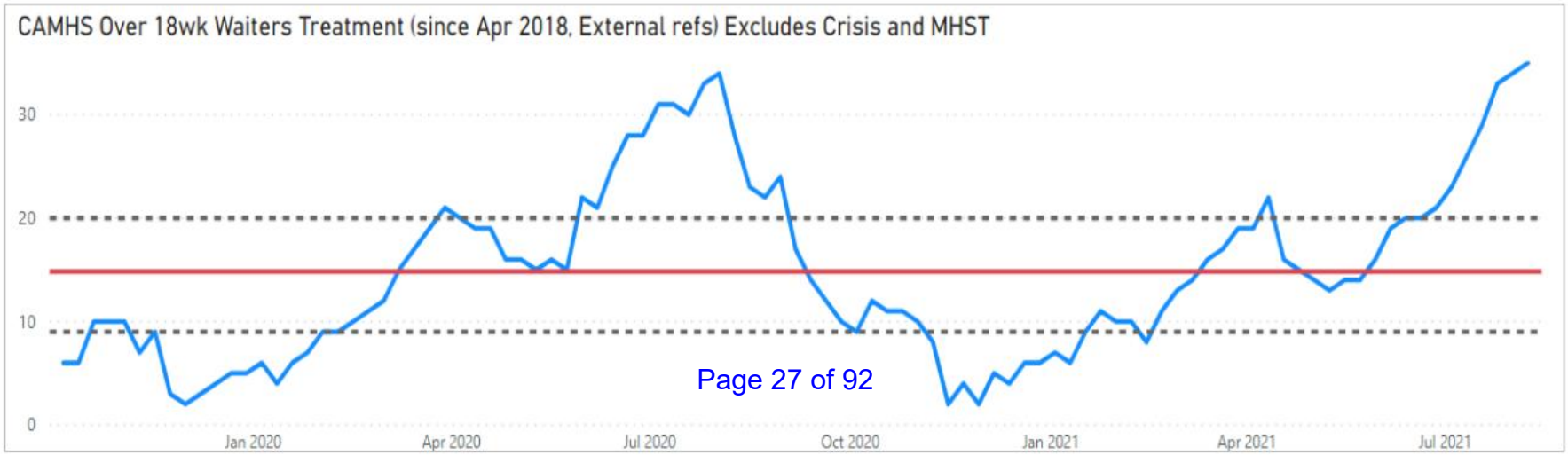
Access to Services & Waiting Times

- Our **Mental Health Support Teams in schools** service was the first to go live nationally and is now held up a national exemplar, supporting 112 schools across Nottinghamshire.
- **Local Mental Health Teams'** average treatment time is currently around 7 to 8 weeks, an improvement on waiting times for the same period last year.
- Our **Step 4 Psychotherapy and Psychological Therapies** have been particularly disrupted by COVID, as certain therapies cannot be delivered virtually; this has unfortunately led to patients commonly waiting in excess of 6 months for treatment.
- We are experiencing waiting times pressures across some local services including Step 4 Psychological Therapies, CAMHS Community Services, Adult and also Children and Young People Eating Disorder Services and our Trauma Service.
- Where we do have waiting time challenges, the services are actively managing the waiting list according to clinical priority and following the Trust Waiting Well Policy to support patients and minimise risk.

Local Mental Health Team Waits



Child & Adolescent Mental Health Service Waits



Out of Area Mental Health Placements

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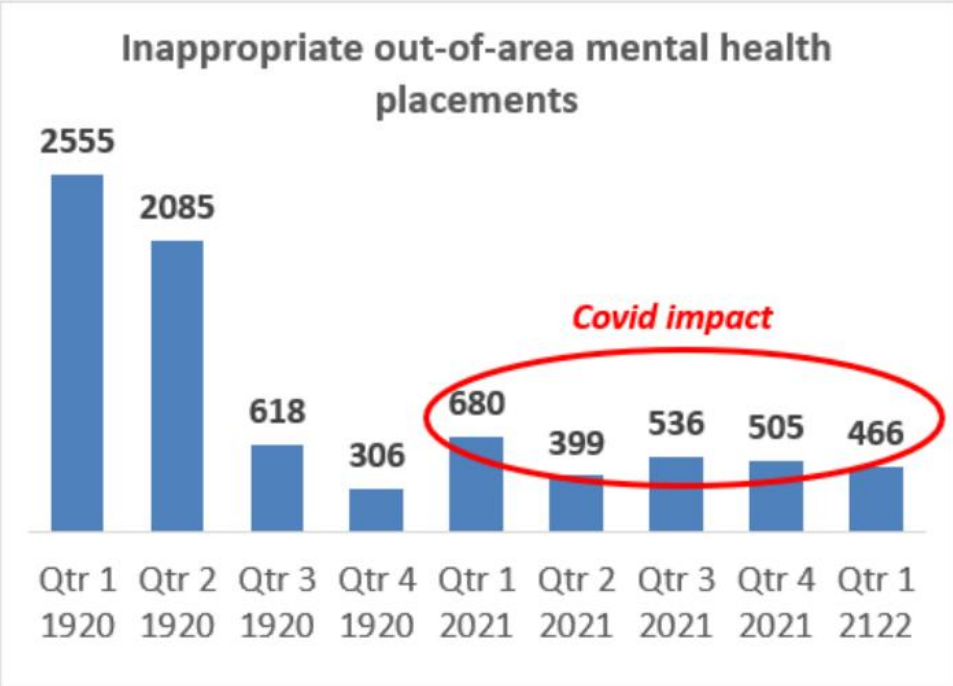
Our ambitious Adult Mental Health transformation program is helping to reshape our Crisis service provision to better meet the needs of our community, and, through effective collaboration with other local healthcare providers, we continue to reduce the bed usage outside Nottinghamshire.

However, ward closures due to COVID and the closure of some of our sub-contracted provision has made the reduction of out of area placements very challenging over the past 15 months. Currently, we have six patients in such placements, but our ambition is to end all out of area placements by March 2022.



National Mental Health Benchmarking 2021

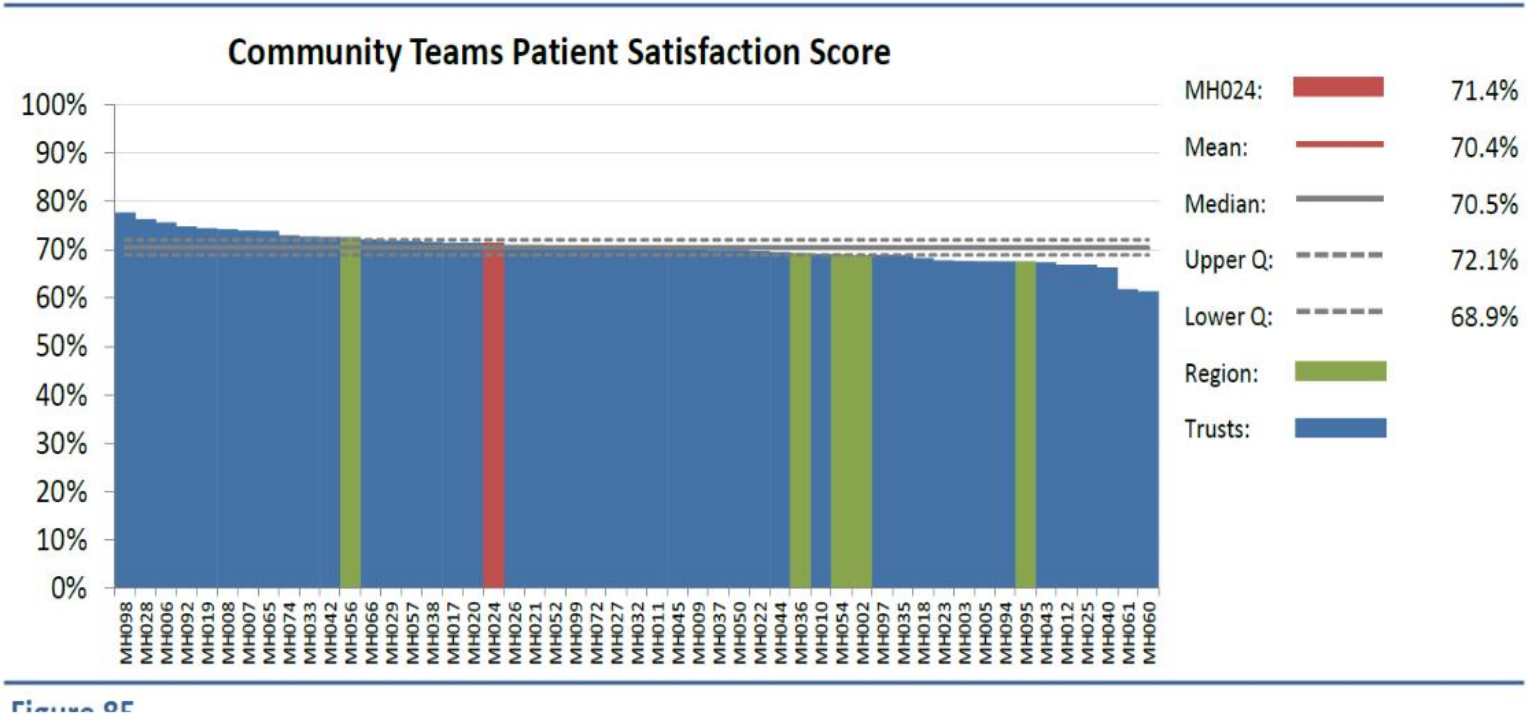


Figure 85

Compared to 2020 benchmarking there has been a slight reduction from 72 % and the national average has increased slightly from 69% to 70.4%

Transformation What's Happened so far

Severe Mental Illness

- Bolstered Community Teams to increase capacity (70 w.t.e).
- National Transformation monies secured 2.5 million for yr 1 of Long term plan implementation
- Recruitment to Community Teams to increase capacity – roles out to recruitment for Substance misuse (6wte) Transition support (6wte) Personality Pathway a further 6 wte
- VCS pilots developed to support Community Pathway – over 700 people supported in since the pilots began – further growth planned in year 900k –focus on Health inequalities
- PCN MH Practitioner roles developed and recruitment started
- Plans to embed VCS staff in NHFT teams to support wider offer and reduce waiting times
- New VCS pilots developed to support Community Pathway (700 people supported).
- EIP investment secured to meet NICE Level 3 standards.
- IPS investment secured to meet access rates.

TURNING POINT
inspired by possibility

Crisis Care

- Crisis Core Fidelity staffing levels – increase of at least 30 w.t.e.24/7 Crisis Self Referral Line developed Joint line with Turning Point staff based with crisis teams – around 300 calls per week
- Crisis Sanctuaries launched across the County in partnership with VCS.- further growth planned in year – over 400 contacts since opening
- Street Triage Service expanded – Day car and Multi Agency Worker.
- MHSOP Intensive Home Treatment Team development to offer age appropriate support.

Transformation What's Happened so far

Children & Young People

- Around £6 million planned investment over the next 2 years
- Crisis offer expanded to 24/7. – further growth planned recruitment underway 20 wte over the next year
- Community services transformation plans developed recruitment underway growth of over 40 wte during the next 2 years
- Eating disorders and H2H development – recruitment underway 10 wte
- Silver Cloud Online Support Offer implemented across Community Teams.
- Waiting time reduction plans in place
- Perinatal investment secured recruitment is underway
- MHST in 115 schools

- New ADHD Pathway (1500 new referrals).
- Secured £3.1m national bids for 2021/22.
- Dormitory capital - £49m to 2024.

Focus areas

Focus areas

- Development of ICP Mental Health Partnership groups - reporting directly to ICS Mental Health and Social Care Partnership Board
- Health Inequalities – specific focus areas and measuring impact
- Rough Sleepers MH support investment 150k 3 years – recruitment underway – linked to Substance misuse plans and SMD groups in the City – supporting partnership working.
- MH Practitioners – recruitment panels taking place during July – good joint workshops and developing GP links
- HIW – across each LMHT receiving good feedback from GPs and providing physical healthcare across Primary and secondary care

Discharge support 1.7 million until end Mar 22

- Increased AMHP and Social worker capacity
- Increased in reach capacity through – Age UK, Framework, POWHER
- Substance misuse support on the wards through NRN and CGL
- Homecare capacity increased through social care
- Increase capacity in RRLP
- Increased local PICU capacity
- Increased in-reach in CAMHS team to support discharge planning

THANKYOU & Qs

Abbreviations

- ADHD – Attention Deficit Hyperactivity Disorder
- AMH – Adult Mental Health
- ASD – Autistic Spectrum Disorder
- CAMHS – Children & Young People's Mental Health Services
- CMH – Community Mental Health
- EIP – Early Intervention in Psychosis
- IAPT – Improving Access into Psychological Therapies
- ICS – Integrated Care System
- IDD – Intellectual & Development Disability Services
- IPS – Individual Placement Support
- LTP – Long-Term Plan
- MH – Mental Health
- NCISH – National Confidential Inquiry into Suicide & Homicide
- ONS – Office for National Statistics
- PCN – Primary Care Network
- PPE – Personal Protective Equipment
- SMI – Severe Mental Illness
- SPA – Single Point of Access
- VCS – Voluntary Community Services

Appendix – Example Pathway Plans

- Serious Mental Illness(SMI) Pathways.
- ADHD/ASD.
- Personality Disorder.
- Transitions
- Substance Misuse

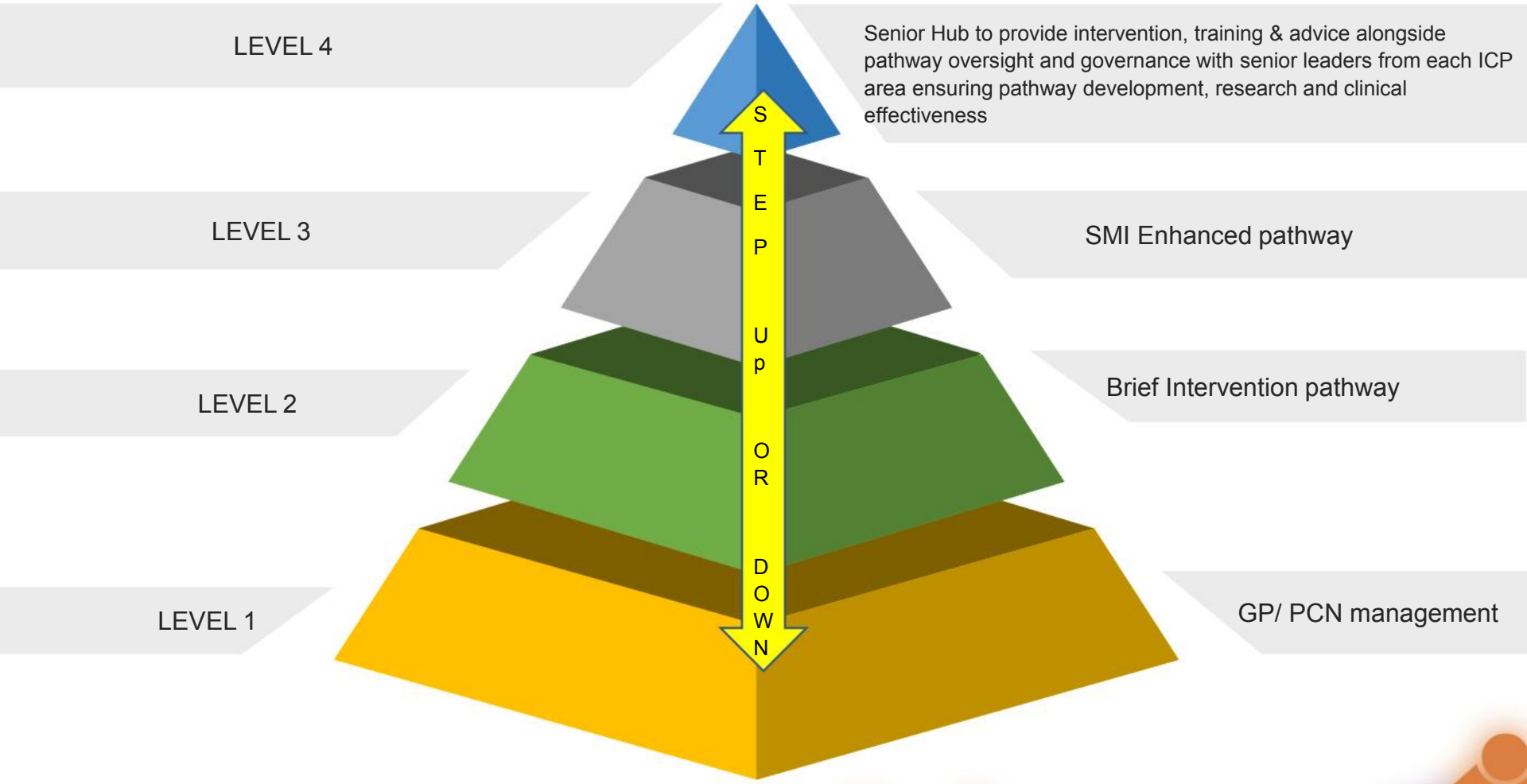
Serious Mental Illness Pathways

Embedded as part of the wider Nottinghamshire ICS ICP Mental Health transformation

Severe Mental Illness - Key Developments

- Advisory service – advice, assessment, signposting and support to GP's/PCN's/other agencies to support mental health needs in primary care and fast track back to secondary care where needed.
- Triage – following referral, contact will be made directly with the patient to confirm information and agree level of intervention required.
- Intervention pathways – specific stepped care models in development.
- Wrap around support based on needs of the individual rather than service criteria.
- Example - Bipolar Disorder Pathway.

Bipolar Stepped Care Model



Mood Disorder Pathway + (box will expand to show specific pathway e.g. BPAD / Depression & Anx ect)

BPAD PATHWAY

SOCIAL CARE

VCSE SMS

Recovery College

BIPOLARUK.ORG

Wrap Around Support

Development of therapeutic relationship to build confidence, hope and trust
Recovery focused coproduced **care plan (F)** and **crisis plan (G).**

Physical health assessment (c), Sexual Health

Psychiatric review – diagnosis, monitoring and medical treatment / interventions alongside management of comorbidity

Carer Assessment, support & involvement.

RECAP

1:1 Skills based & CBT informed interventions - **Psychoeducation BPAD (H), Mood Chart (I), Activate Yourself (J), Early warning signs (K), Life chart (L), Stress Bucket (M), Voices & Visions (N), Sleep hygiene (O), Relapse prevention (P), Family Planning (Q), Keeping Balance (R).**

OT Intervention (functional ability) & IPS

Group Intervention - Recovery and living well -PSW Group, BPAD Group, Hearing Voices Group, Symptom management, Healthy life style & exercise group, Self Harm support Group.

Medication Optimisation - **Gass (S),** minimal annual review of antipsychotic medications and response, Medical / ACP review, Pharmacy Review, Medication leaflet, Medication plan for GP -(stepdown from SMI)

Psychological Therapies – CBT, CBT-p, Psychology / Psychological therapies, BFT

Interventions highlighted in red are associated to Type 2 BPAD pathway

Social Prescribing

Housing & Financial Support

Personality Disorder Hub – 2020-21

- Senior advice and support across internal and external services.
- Training and supervision.
- Direct care co-ordination.
- Complex cases panel.
- Partnership working with VCS.
- Involvement in ICS priority work area.
- Delivery of specific treatment pathways.
- Service development and monitoring of outcomes.

NeSS Neurodevelopmental Specialist Service

NHS Nottinghamshire Healthcare NHS Foundation Trust

Neurodevelopmental Service – April 2021

- Specialist diagnostic assessment for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
- Post-diagnostic support to understand the condition/s.
- Specialist short-term episodic intervention specific to neurodevelopmental conditions and not available elsewhere.
- Specialist medication to treat ADHD, including initiation and titration, prior to discharge back to primary care under the agreed shared care protocol; following this we will offer annual reviews.
- Consultation, advice and signposting for additional supports if needed.
- Support in relation to other mental health issues that can often go alongside ASD and / or ADHD will be directed to the Locality Mental Health Team, IAPT Services, or third sector organisations.

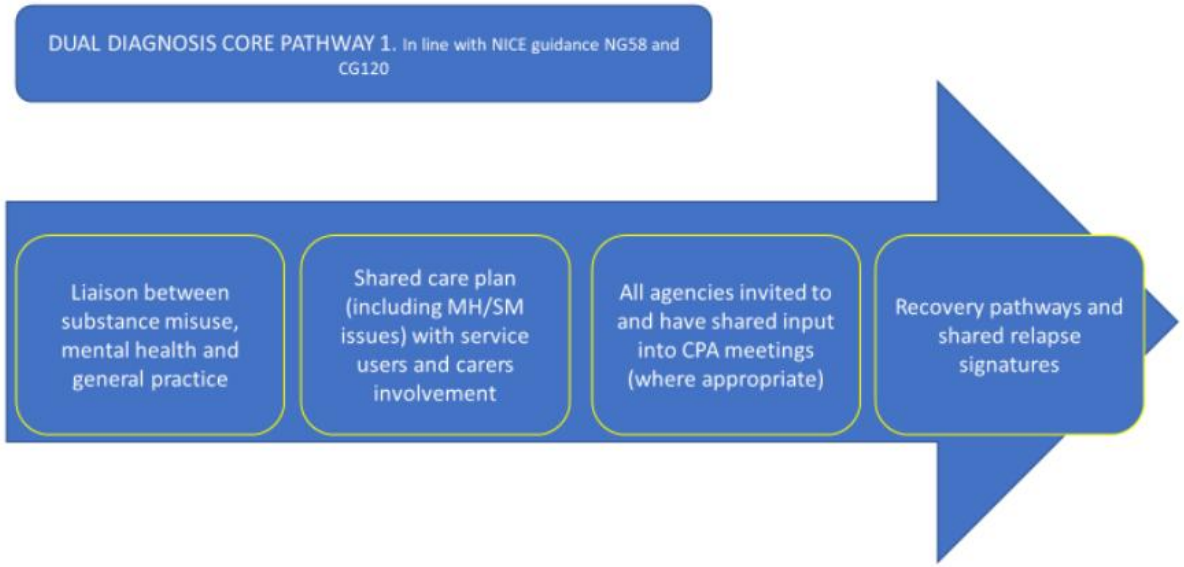
Transitions - 2021

- Key aspect of the Long-Term Plan – to improve the interface and pathways between services.

- New roles to support the key transition points including professionally qualified staff and peer support workers:

  – Child and Adolescent services
  – Mental Health Services for Older People
  – Substances Misuse Services
  – Eating Disorder Services

Substance Misuse - 2021



Mental Health Workforce

- In-patient month 1 establishment increases across all AMH wards – 48 w.t.e.
- Further increase of in-patient establishment for AMH by 41 w.t.e due to the opening on a further ward at Sherwood Oaks.
- Expansion plans for CAMHS services including Perinatal, community, Eating Disorders, Crisis, Head2Head and Youth Justice (98 w.t.e).
- On-going recruitment to EIP service expansion.
- AMH locality mental health services transformation plans to provide new integrated models for severe mentally ill.
- Recruitment of 25 w.t.e PCN Mental Health Practitioners planned.
- Working with our Primary Care and VCS partners on recruitment and delivery of these transformation plans.

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 October 2021

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

BASSETLAW MENTAL HEALTH ENGAGEMENT AND PROPOSALS – FAMILY TRAVEL PLAN

Purpose of the Report

1. To provide information on the draft family travel plan scheme.

Information

2. This topic was last on the agenda of the Health Scrutiny Committee in September 2021 when Members indicated that they were unable to give a view on whether the proposed changes involving relocating mental health inpatients from Bassetlaw Hospital to the new Sherwood Oaks facility in Mansfield until they had seen details of the draft Family Travel Plan scheme, the purpose of which was to mitigate the travel difficulties likely to be experienced by carers, family and staff.

3. An update paper from NHS Nottinghamshire Healthcare Trust and Bassetlaw Clinical Commissioning Group in relation to the Family Travel Plan scheme is attached an as appendix to this report.

4. Dr Julie Attfield, Executive Director of Local Mental Health Services at NHS Nottinghamshire Healthcare Trust and Idris Griffiths, Chief Officer, Bassetlaw Clinical Commissioning Group will attend the Health Scrutiny Committee to brief Members and answer questions.

5. Members are requested to consider and comment on the information provided regarding the Family Travel Plan scheme; determine if the proposed change is in the interests of the local health service and schedule further updates and monitoring of the implementation of the proposals, particularly travel mitigation for carers and staff.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided regarding the Family Travel Plan scheme.

2) Determine if the proposed change is in the interests of the local health service.

3) Schedule further updates and monitoring of the implementation of the proposals, and measures put in place to mitigate travel difficulties for carers and staff.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Specific Mental Health Engagement link - https://www.bassetlawccg.nhs.uk/get-involved/how-to-get-involved/bassetlaw-mental-health-engagement

Board papers in totality – https://www.bassetlawccg.nhs.uk/publication/14701-consideration-of-transformational-change-in-the-provision-of-mental-health-services-in-bassetlaw
https://www.bassetlawccg.nhs.uk/publication/14702-consideration-of-transformational-change-in-the-provision-of-mental-health-services-in-bassetlaw-appendices-1-10
https://www.bassetlawccg.nhs.uk/publication/14703-consideration-of-transformational-change-in-the-provision-of-mental-health-services-in-bassetlaw-appendices-11-12

Electoral Division(s) and Member(s) Affected

Blyth and Harworth (Councillor Sheila Place)
Misterton (Councillor Tracey Taylor)
Retford East (Councillor Mike Introna)
Retford West (Councillor Mike Quigley)
Tuxford (Councillor John Ogle)
Worksop East (Councillor Glynn Gilfoyle)
Worksop North (Councillor Callum Bailey)
Worksop South (Councillor Nigel Turner)
Worksop West (Councillor Sybil Fielding)

Health Scrutiny Committee Briefing
October 2021

Better Mental Health for Bassetlaw
Transforming mental health services: including a focus on adults and older people's inpatient services

1 Background

NHS Bassetlaw Clinical Commissioning Group (CCG) and Nottinghamshire Healthcare NHS Foundation Trust (Trust) have been fully committed to regularly involving the Health Scrutiny Committee (HSC) on their proposed significant transformation programme for mental health services delivering high quality inpatient mental health services for people in Bassetlaw.

At the Health Scrutiny Committee meeting on 7 September 2021, NHS Bassetlaw CCG reported that following a period of engagement around mental health inpatient services, their Governing Body had approved in principle to move specialist inpatient care services to new 'state of the art' mental health units in Millbrook and Sherwood Oaks but that this was predicated on further work to address transport concerns for Bassetlaw patients raised during the engagement period.

To achieve this, the Governing Body agreed that a Task and Finish Group be set up to ensure a fully considered and engaged approach is undertaken to develop a Bassetlaw Mental Health Travel Plan for visitors of patients receiving inpatient care. The intention of Governing Body is to help families and carers of patients who need it to have access to appropriate travel-related advice and support when mental health services provided on B1 ward (for older people and those with dementia) and services provided on B2 ward (for adults) are relocated to Millbrook Mental Health Unit and Sherwood Oaks Hospital respectively.

The work of the Task and Finish Group was completed in September. The Travel Plan has been fully informed by the feedback received from those with mental health needs, patients, carers, families, clinicians and other partners as part of this engagement. The Plan also builds on the extensive engagement already undertaken across our community in January to April 2021.

This paper outlines the approach used to develop the Bassetlaw Mental Health Travel Plan for inpatient visitors and includes an initial DRAFT version of the Plan. HSC has been invited by NHS Bassetlaw Governing Body to comment on the DRAFT Plan. The views of HSC members as well as the final version of the Travel Plan will be considered by NHS Bassetlaw CCG Governing Body on 19th October 2021.

Input from Nottinghamshire County Council travel officers has been sought to support the development of this Plan but remains outstanding.

2 Developing the Bassetlaw mental health inpatient visitors' travel plan

A Task and Finish (T&F) group was set up to design a process by which inequalities in access can be avoided for those most impacted by the proposed relocation of inpatient services. As part of this work, the T&F group built on the extensive engagement already undertaken across the Bassetlaw community and sought to further involve service users of Bassetlaw and Mansfield based inpatient services. This additional engagement ensured co-design of any recommendations for a Travel Plan.

Over a three week period in September, intensive engagement was undertaken with feedback gained from the following:

- Bassetlaw Carers Support Group (10 present at meeting)
- Sherwood Oaks Steering Involvement Group (SOSIG) (14 present at meeting including patients, carers and volunteers on inpatient wards)
- Four Chairs of Bassetlaw GP practice Patient and Public Participation Groups
- One-to-one telephone interviews with 27 patients, carers and family members familiar with mental health inpatient service provision at Bassetlaw Hospital
- Desk top review of existing feedback from survey respondents, self-identifying as patients, carers and volunteers with experience of inpatient services at Bassetlaw, who took part in the "Transforming Mental Health Services in Bassetlaw" engagement earlier this year (@ 80 responses).

The engagement and research aimed to gain the following insight that would inform the co-production of a Bassetlaw Mental Health Travel Plan for visitors of patients receiving inpatient care:

- A guide to the principles that should underpin a Travel Plan for visitors
- The type of support that would be most helpful to patients, carers and families and how it might work in practice
- The type of criteria that should be applied to allow access to specific support in a way that ensures fairness and equity

A summary of the key findings from the work of the T&F Group are outlined below.

Summary of Key Principles

Key principles to underpin the final Travel Plan were developed using issues consistently raised during the engagement exercise. These are:

- Maintaining fairness and equity for <u>all</u> patients, carers and families, including across mental health and physical health needs
- Ease and simplicity of application of any support offer both financial and non-financial

- Criteria for application of support is flexible and adaptable to meet individual needs of patients, their carers and families

Summary of Findings

Some common themes emerged throughout the insight-gathering process:

- There was a high level of support for the idea of individual family Travel Plans since this recognised that there is not a "one-size fits all" solution to supporting patient and carers travel needs. Patients have different support needs, some of which are dependent on which stage of their treatment they are at. Carers also have access to different modes of travel, different time and external constraints (e.g. work, childcare commitments, etc) so maintaining flexibility is essential in determining what type of travel assistance and support is required and how it is applied.

- There is consensus that patients should be given autonomy in terms of how travel support is utilised while recognising that for some patients (e.g. patients with dementia), an advocate may be needed to agree the terms of an individual family Travel Plan with them. Travel support needs were identified as non-financial as well as financial for those in most impacted.

- Non-financial support would be an important part of a carer's needs if inpatient services were to be relocated to Sherwood Oaks and Millbrook. This includes information and advice about how to get there for all types of users (private car and public transport and timetables for the latter); what types of alternative travel modes are available including community transport; taxi firm details and any available buddying schemes); site maps for each mental health unit including car parking; local attractions to take patients out on their "day releases" as part of their discharge treatment; local facilities (including food and retail outlets).

- There was no consensus about what criteria ought to be applied for access to specific financial travel assistance and support. Many thought that people who did not have access to their own private transport should be prioritised. Others recognised that while they themselves may not access this support, this provision should be offered to Bassetlaw families who would be impacted. Some also felt that this should be offered during a transition period, with a clear termination date, to current and recent inpatients and their families. There was a clear concern that offering additional financial support to patient families/carers would in effect create inequity with the wider patient population who are not offered support to access specialist services (mental or physical needs). Interviewees (including staff) also raised concerns that in the long-term there may be perceived, as well as actual, unfairness between patients attending Millbrook and Sherwood Oaks from Bassetlaw and those attending these units from other parts of the County. It was also raised in the context that there may be expectations from patients in Bassetlaw who were attending specialist non-mental health inpatient services outside the district that they should also be able to access this type of travel assistance and support (e.g. cancer care). It has also

been noted that the CCG does not have any statutory role in providing funding for patient family/carer access or for patients outside the national Patient Transport Services eligibility criteria. This is currently under national consultation and the CCG will be obliged to take the results of this and the national policy that will be produced into account when determining entitlement and levels of allowance for visitors. The need to balance support for those impacted and the additional cost burden on local NHS funding was also raised.

The principles and findings have been used to inform the content of the draft Travel Plan.

3 Draft Bassetlaw Mental Health Travel Plan for Visitors of people using inpatient services at Millbrook and Sherwood Oaks

Introduction

NHS Bassetlaw CCG has developed this Travel Plan for Bassetlaw for visitors of patients accessing specialist mental health inpatient services. This Plan has been introduced following the decision by NHS Bassetlaw CCG to support the relocation of inpatient services in new state of the art premises located at Mansfield for Adults and Older People. This decision has been taken alongside an agreement to invest £4m in community based services to support all patients with mental health needs to access the support and care they need as close to home as possible.

Services currently provided in Bassetlaw for people with mental health needs will remain in Bassetlaw. This includes crisis and urgent responses to mental health needs which will remain based at Bassetlaw Hospital. The exception to this is the provision of specialist mental health inpatient services.

In making this decision NHS Bassetlaw has engaged extensively with our wider community including service users, carers and families, staff and representative organisations. The CCG has also taken into account the improved access and facilities it will provide for the majority of patients that use the service who live in Nottingham and elsewhere in the County. We have also undertaken an additional specific engagement exercise dedicated to the development of this Travel Plan. This work was undertaken following concerns expressed by patients, families and carers about the impact on the patients from Bassetlaw as a result of this relocation. NHS Bassetlaw Governing Body has listened to these concerns and undertook more detailed work to develop this Travel Plan in order to minimise the negative impact for those most affected by the relocation.

This Plan sets out the principles that were agreed through this focussed engagement work. It then outlines what action we intend to take, based on these principles, to support Bassetlaw carers,families and 'significant others' to visit patients whilst undergoing inpatient treatment at the Mansfield sites at Millbrook and Sherwood Oaks.

All patients requiring elective or non-urgent inpatient services will continue to be offered transport support under the terms of the national Healthcare Travel Cost Scheme (HTCS)
(see *https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/*.)

All patients requiring urgent access to services will continue to be offered ambulance or emergency transport arrangements to access these services.

Travel Plan Principles

Principles emerging from our engagement with patients, carers and families that underpin this Travel Plan are:

- Maintaining fairness and equity for all patients, carers and families, including across mental health and physical health needs
- Ensure that support offered, both financial and non-financial, is simple and easy to apply
- Criteria for accessing support is flexible and adaptable to meet individual needs of patients, their carers and families

Each of these principles have been considered in relation to Travel Plan proposals.

The NHS does not have a statutory responsibility to provide financial travel support for visitors of inpatients. NHS Bassetlaw CCG does however fully appreciate that the transition period for relocation of specialist mental health inpatient services for patients currently under the care of the Bassetlaw District General Hospital team may cause significant challenge for some visitors.

The current estimated need for inpatient beds is 85 Bassetlaw patients per year. This need is expected to decline further as more community based services become established as a result of the £4m investment by Bassetlaw CCG in community and crisis response services. These services will remain based in Bassetlaw. Further work to develop access to urgent facilities at the Bassetlaw Hospital is also underway. This will create an enhanced space for future crisis mental health responses.

As a result of our engagement exercise we estimate that the majority of patients and their carers/families would benefit from assistance with travel planning in relation to information and support from a Peer Support Worker. It is also estimated that a maximum, approximately 20-25% of patients (and their families), would request support for financial assistance.

Whilst it is not the statutory responsibility of the CCG to provide assistance to carers and families to visit patients the CCG has agreed that on an EXCEPTIONAL basis consideration ought to be given to offering enhanced support for those most affected by the relocation of inpatient mental health beds from Bassetlaw to Millbrook and Sherwood Oaks.

This Travel Plan identifies two main forms of enhanced support to meet the needs of visitors: non-financial support and financial support. The Plan has been developed in a way that is consistent with the principles outlined above.

The scope of this Plan is intended to consider the specific impact of the relocation of inpatient beds from Bassetlaw Hospital to Mansfield. Further work will continue to be undertaken by Bassetlaw CCG and partners to address wider issues relating to

overall access to services for our community to improve patient outcomes and reduce health inequalities.

Non-financial Support for Visitors

- Non-financial support will be provided in the form of **a comprehensive "Visitors Guide" pack** to help carers and families navigate travel to the mental health units in Mansfield and familiarise themselves with local facilities. This responds to concerns expressed relating to easily accessible information about options for travel. The Guide pack will therefore include as a minimum:
    - Ways of getting to Millbrook Mental Health Unit and Sherwood Oaks Hospital by car and public transport
    - Details of community transport schemes; local taxi services; car-sharing and buddy schemes to access the specialist mental health services in Mansfield
    - Site maps of Millbrook Mental Health Unit and Sherwood Oaks Hospital and their visiting policy
    - Details of local facilities and local parks and attractions for visitors to use and also patients as part of their discharge treatment
    - Local facilities (including food and retail outlets)
- The Visitors Guide pack will be maintained by Nottinghamshire Healthcare Trust (NHCT) and made available in hard copy as well as electronically for access via its website for all visitors.
- Families/carers will be offered individual support by the NHCT Carer Support Worker at a Ward level to understand the information available and work with the family to identify the most appropriate arrangements to suit their individual circumstances
- Local Carer's groups will be encouraged to support peer transport arrangements, offering the opportunity for peer support for families and carers of those with serious mental ill health as well as transport solutions and reducing travel carbon footprint. Bassetlaw CCG will consider proposals for such arrangements as part of its Small Grants Scheme processes.
- When a person is admitted to hospital with mental health needs, maintenance of family relationships is likely to be of benefit to the adult and face-to-face visits are to be encouraged. However, this does not stop patients and carers / families using digital technology to support virtual contact to supplement these visits.
- Where a family wishes to make contact with a patient using virtual means NHCT will facilitate this via the provision of ward based tablets/devices.
- Advice and guidance on the availability of virtual means of patient contact will also be made available as part of the Visitors Guide. NHCT will also offer

support in the form of loaned equipment where requested by relatives and carers who may be digitally deprived should they wish to use this form of contact.

- Families/carers wishing to receive support to gain confidence in the use of tablets/devices to remain in contact with patients will be signposted into local available community/voluntary based services. This will be facilitated by the Peer Support Worker. Further information on local support will also be provided within the Travel Pack. NHS Bassetlaw CCG is seeking to build community digital confidence and competence as part of its work with Place partners to reduce health inequalities and improve access to services. Initiatives to promote this are already underway supported through our grant funding arrangements.

- Further work will be undertaken by NHCT to support virtual visiting arrangements in 2021/22 informed by patient and visitor feedback.

Financial Support for Visitors

- **Financial support** in the form of a **Personal Visitors Allowance (PVA)** for carers and family members will be provided on an exceptional basis and without precedent.

- This arrangement will be reviewed in 2 years unless the current consultation on the national Patient Transport Services eligibility criteria provides greater benefits for visitors. The review must take into account the outcome of the national consultation and any new national NHS policy in this area.

- The Personal Visitors Allowance will be accessible to those meeting the following criteria:

    - Access to financial travel support will be provided for patients registered with a Bassetlaw GP practice

    - Patients will be under the care of NHCT and receiving treatment as an inpatient at Millbrook or Sherwood Oaks.

    - Relatives and carers must incur greater expenditure than a visit to Bassetlaw Hospital would have incurred and will receive funding for the ‘excess mileage’.

    - Travel planning, including any access to funding, would be undertaken between the patient (or a representative) and the NHCT Carer Support Worker at the point of admission as an inpatient or as soon as possible thereafter.

    - Where visitors are able to make their own journey, have access to their own transport or transport from their family/friends then they should continue to do so. Patients with access to private transport are not expected to access financial support through this scheme.

- Funding support will only be used for the travel needs of visitors nominated by the patient
- Any travel costs incurred and where reimbursement is sought will be demonstrated through receipts or other reasonable forms of evidence provided to the ward based Carer Support Worker. No reimbursement will be made without such receipts or reasonable evidence of expenditure
- Reasonable costs will be assessed in relation to the benefit to the patient's recovery and the personal circumstances of the carer/family member
- The person using the inpatient services will always be fully consulted regarding their preference for visiting and will identify the person(s) most significant to them who will aid their recovery and may also support their safe and timely discharge
- Costs reimbursed under this arrangement are expected to represent the most cost efficient form of travel. This will enable each visitor to adapt their travel plan according to their personal circumstances (e.g. age, medical condition, travel distance). It is likely that the most cost efficient form of transport for visitors will be by car.
- All travel planning will be developed with each patient/visitor supported by the Peer Support Worker so that each patient has a clear, bespoke, Visitor Travel Plan.
- Funding will not be provided for overnight stays. This may only be considered for funding where there has been prior agreement by the NHCT Peer Support Worker as part of the individual travel plan discussions AND this is regarded to be a cost effective use of NHS resources AND is in the best interests of the recovery of the patient i.e. an intense period of daily visiting is indicated.

Claims

Travel by Car

- Claims made should be submitted to the Carer Support Worker on an official Patient's Visitor Travelling Claim Form
- For visitors who travel by private motor car 100% of the excess mileage travelled (using the most economic route) will be reimbursed at the HMRC transport rate.
- Excess mileage will be assessed as the distance from the nominated visitor's residence to either the Sherwood Oaks or Millbrook site minus the distance that would have been incurred by a visit to Bassetlaw District Hospital.
- Reimbursement of expenses for taxis will remain consistent with travel by car rates. All claims must include a receipt for the taxi fare.
- There are no car parking charges at either Mansfield site which represents a significant cost reduction for visitors compared with

current arrangements at Bassetlaw Hospital site. Therefore it is not expected any claims for car parking will be supported.

Travel by Public Transport

- Visitors who use public transport may use either train or bus (or a combination of both). The cost reimbursed will be 100% of the fares paid. Tickets and receipts must be presented with the travel claim form.
- It is recognised that for older persons travelling off peak their older persons travel pass will permit free travel. The Nottinghamshire concessionary bus pass is valid for travel within England between 9:30am to 11pm, Monday to Friday and all day weekends and Bank holidays. Visitors will be supported to access this means of travel as part of the individual travel plan discussion with the Peer Support Worker

Travel by Community Transport

- In special circumstances, travel by community transport may be the most cost efficient for some visitors. Reimbursement rates for this form of transport will be reimbursed at 'carer' rates. Claims will require a receipt from the community Transport provider.

4 Next steps

Feedback from the HSC's deliberations on 12 October 2021 will be fed back to NHS Bassetlaw's Governing Body for final consideration on 19 October 2021.

APPENDIX 1: Responses to HSC clarification questions

At its meeting on 7 September 2021, the HSC raised a number of points on which they sought clarification. These are outlined below.

1 Timeline for proposed changes

The timeline below will take effect if the proposals to relocate specialist mental health inpatient services from Bassetlaw to Mansfield are agreed by the CCG Governing Body on 19 October 2021.

	Period
Travel Plan proposals developed and reviewed by HSC and CCG Governing Body	01/09/21 – 19/10/21
Pending the outcome of the above, confirmation of timetable for transfer of Bassetlaw B1 and B2	30/11/21
Leaflets/information sheets developed for patients and carers notifying them of the changes, and providing information on how to get help where necessary.	01/12/21 – 31/03/22
Communication to all GP practices in Bassetlaw.	01/04/22 – 26/05/22
Communication to all current patients notifying them of plans.	01/04/22 – 26/05/22
Support provided to current inpatients, relatives and carers around continued travel arrangements post transfer. Completion of the Travel Plan documents/information available in hard copy on wards and virtually	01/04/22 – 26/05/22
Inpatient care transferred from Bassetlaw to Mansfield.	26/05/22 – 31/05/22
Patients admitted from 1 June 2022 will be admitted directly to Mansfield.	01/06/22
Information leaflets/signposting to Travel Plan documents available to all referred patients and patients on LMHT/ CMHT/CRHT caseload.	01/06/22 onwards

2 Provision for staff

Staff working within wards B1 and B2 at Bassetlaw have all been involved in a full organisational change process with appropriate engagement and consultation.

Every member of staff affected by the transfer to Mansfield has been individually interviewed to obtain their personal circumstances around changing their base to Mansfield and appropriate support offered to those who are reliant upon public transport. This is in line with the Trust's organisational change policy and national HR policies around employee rights regarding change of base. Staff wishing to remain working in Bassetlaw are being retained in services provided in Worksop – others are choosing to work at Sherwood Oaks Hospital.

3 Enhanced local crisis services

Consideration has been given to the request to explore ‘Crash Pad’ provision within Bassetlaw. For those older people with an organic mental illness this is already available through provision of respite services. For adults with functional mental health needs, crisis accommodation is currently commissioned and provided by Turning Point in Nottingham. Current data indicates that seven Bassetlaw residents have used this provision since 2019. NHS Bassetlaw CCG also currently commissions roaming sanctuaries and Bassetlaw Safe Space for patients in need of support in a crisis. Bassetlaw has the lowest uptake across Nottinghamshire for this service provision.

In addition to this, the additional investments in Community Mental Health services has the overall aim to ensure that there is ‘no wrong door’ and no one falls between ‘gaps’ in care. The community Mental Health Transformation investments will enable more people to be supported within their own home through either intensive community mental health service provision or the Step Two mental health services that have been commissioned for delivery within peoples own communities. In addition it is envisaged that this expansion in community MH services will facilitate earlier discharge from inpatient settings with discharge planning commencing at the point of admission.

NHS Bassetlaw remains committed to ensuring that mental health services across the Bassetlaw Place meet local needs and are provided in a coherent and planned approach. The CCGs is therefore eager to continue to work with all our partners and particularly those who use services and their carers to achieve this.

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 October 2021

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAM UNIVERSITY HOSPITAL MATERNITY IMPROVEMENT PLAN

Purpose of the Report

1. To provide an update and further information on Nottingham University Hospital's improvement programme in relation to maternity services following the Care Quality Commission (CQC) rating of inadequate in December 2020.

Information

2. This matter was last considered by the Health Scrutiny on 8th June 2021, when Members heard the CQC had highlighted concerns about the consistent interpretation by staff of foetal heartrate monitoring, the lack of compatibility between electronic systems and the failure to learn the lessons from past serious incidents.

3. Representatives of the Trust were requested to bring a more detailed briefing to a future meeting of the committee, to include: staffing levels in respect of midwives and consultants, to include a breakdown of levels of training and experience within the midwifery cohort; an update on the roll-out of CTG machines within the Service, and delivery of training in their use, an assessment of aftercare issues for mothers and babies post-discharge; an explanation of what constituted an 'incident,' and feedback on engagement with the lockdown mums' support group.

4. Dr Keith Girling, Medical Director of NUH and other senior colleagues will attend the meeting to present the information and answer questions, as necessary.

5. A written briefing from NUH is attached to this report as appendix1. In addition, a presentation which will be given by Dr Girling is attached as Appendix 2.

6. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration as part of this ongoing review.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottingham University Hospitals NHS Trust Maternity Service

Briefing for Nottinghamshire Health Scrutiny Committee, September 2021

The Maternity Oversight and Improvement work has moved forward and through this report we will update you on recent progress.

Key areas of progress:

1. Recruitment of 36 additional midwives including a new substantive Director of Midwifery who started at the end of June.
2. Recruited a net gain of 4 WTE consultant obstetricians.
3. Daily escalation meetings to ensure our staffing levels are safe for the women needing care.
4. Training on fetal heart rate monitoring has progressed with all working staff now trained.
5. We are auditing the care we provide, for example, our fetal monitoring. Our audits show we have more to do to ensure improvements are consistent.
6. We have provided additional equipment such as CTG machines, and are working on a digital improvement programme.

Workforce

Thirty-six new midwives (WTE) will start working with us in October 2021. We have an active on-going recruitment campaign for midwifery staff and are working with Sherwood Forest Hospitals on international recruitment. The Director of Midwifery is undertaking a staffing review based on Birthrate Plus recommendations and previous workforce plans.

We have recruited additional obstetricians which gave us a net gain of just over four WTEs. Start dates for the new consultants vary but we will see them all in post by January 2022.

The maternity service has faced significant challenges over the summer due to staff needing to self-isolate, staff sickness and the increase in Covid-19 positive pregnant women and the holiday period. We had a plan in place to address our workforce pressures which included moving clinical staff working in non-patient facing roles to work clinically, and offering additional rates of pay to encourage staff to take up additional shifts.

We are taking proactive action with staff who are thinking of leaving the service to support them to stay, and we have written to all of the midwives who recently retired to ask them to consider if they would like to support our service.

A big part of our maternity improvement work is addressing the culture within the service, and we have a programme of cultural change work underway. We have worked with Nottinghamshire Healthcare NHS Trust who have provided a counsellor to work with our staff to help support them. In October 2021 a psychologist will also start to work with staff in our service.

Covid Virtual Ward

Due to the huge increase we saw in pregnant women with Covid-19, we instigated a virtual ward for women who were in the third trimester of their pregnancy and were Covid positive. Women receive a phone call every day from a doctor and are brought into hospital as needed.

Women were prescribed medication based on national guidance and best practice, which was delivered to them at home.

We also focused on prevention - giving women more information and making vaccination more accessible at antenatal clinic settings.

Governance processes

We have reviewed and refreshed our Maternity Action Plan to ensure it captures all of the work we need to do to address the requirements of national guidance, and the inspection and visits to our service.

We have also spent time reviewing our assurance process and have created a Maternity Dashboard which uses recognised maternity metrics. We have built on the standard metrics to incorporate others that will measure the impact of our improvement work. We are moving from a traditional RAG (red, amber, green) rated approach to one where measures have a variation and assurance. We have introduced adverse variance reporting to improve the way we monitor our performance and the safety of the care we are delivering to women and babies. These key performance indicators help us monitor the effectiveness of our service. We are continuously working to improve the quality of our data and how we use it to provide us with assurance.

Patient Safety

We have undertaken work to improve the care we provide to women who have a post-partum haemorrhage. We have started to see an impact of this improvement work and how this has made a difference to the safety of our service. We look forward to presenting more details of this work.

Unplanned admissions to our neonatal units were also an area of focus for us over the summer months. We have revised our policy and implemented a new procedure for how we care for babies who are jaundiced, and we are about to provide some new equipment to help with this. We are monitoring the data to demonstrate the impact this work has had on the safety of babies. Early indications do show a decrease in the number of unplanned admissions to the neonatal unit. Again, we look forward to demonstrating more about this area of work with you.

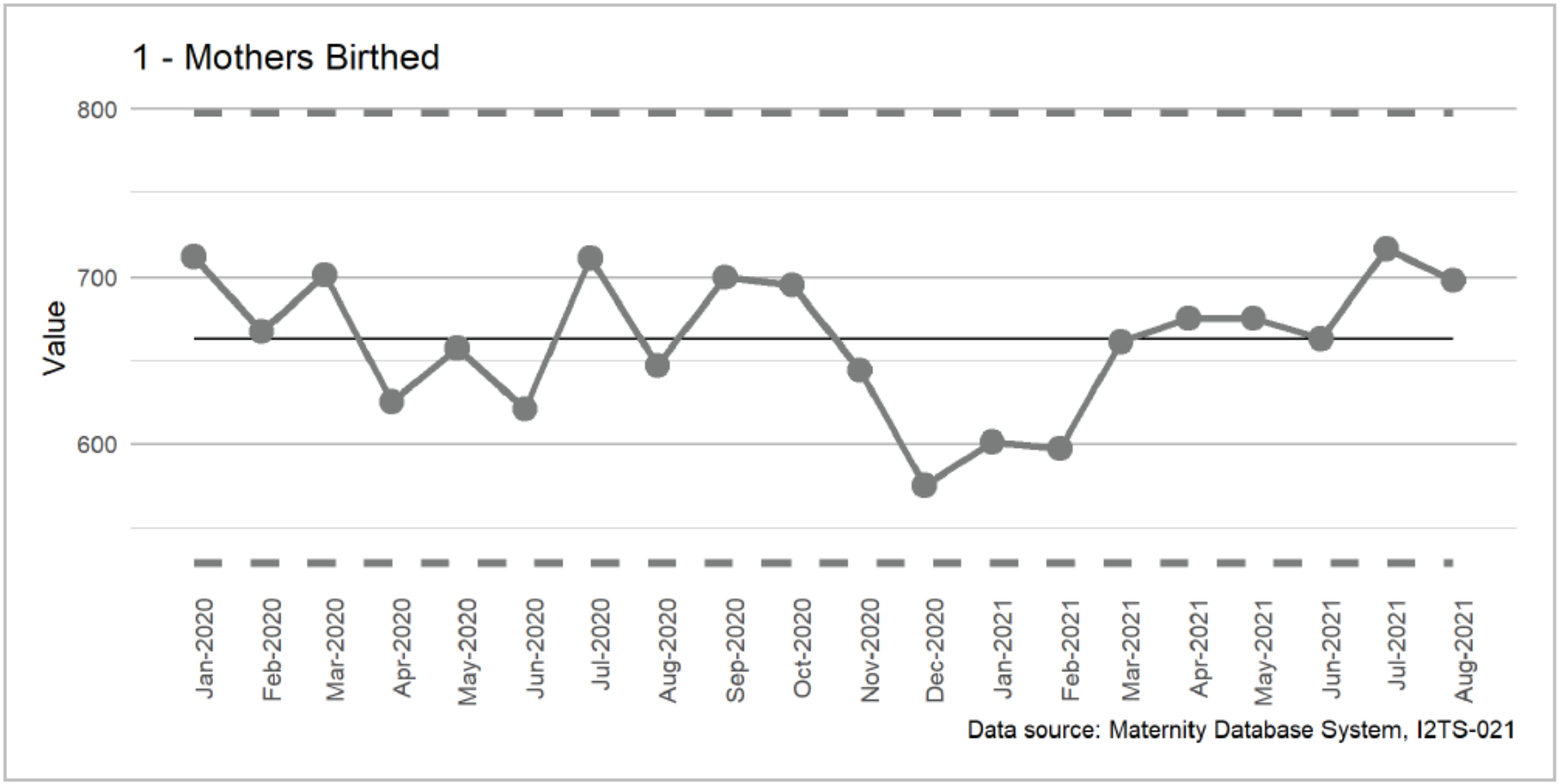
Engagement and Inclusion

Listening to women and families is a key way for us to learn and make improvements to our service based on what they tell us about their experiences. Whether they have received excellent care or where care has fallen short we will continue to hear what they have to share and empower our maternity team to make improvements.

We have a number of actions to improve the way we listen to women and their families and are working with Healthwatch and the Maternity Voices Partnership to improve how we do this in a meaningful away. We are committed to making sure women and families are involved in our service improvements and that we listen to what matters to them.

Summary

We acknowledge that we still have a great deal of progress to make to ensure our maternity service is providing the best possible care for women and their babies. We are wholeheartedly committed to making and sustaining improvements and although we still have further work to do we are seeing some areas of change and improvement.


1 - Mothers Birthed
800
700
600
Value
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-2020
Jan-2021
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Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
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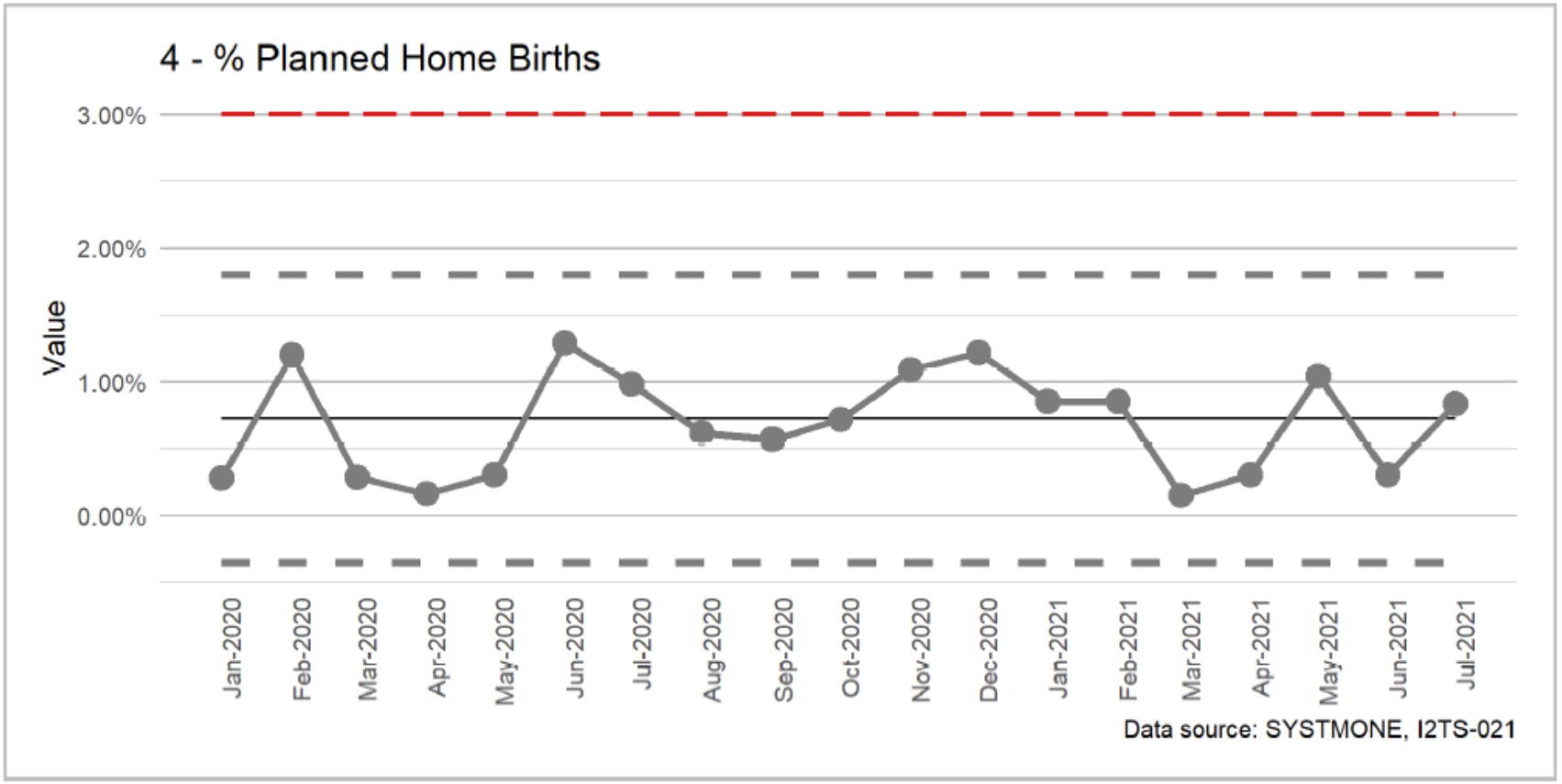
4 - % Planned Home Births
3.00%
2.00%
1.00%
0.00%
Value
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-2020
Jan-2021
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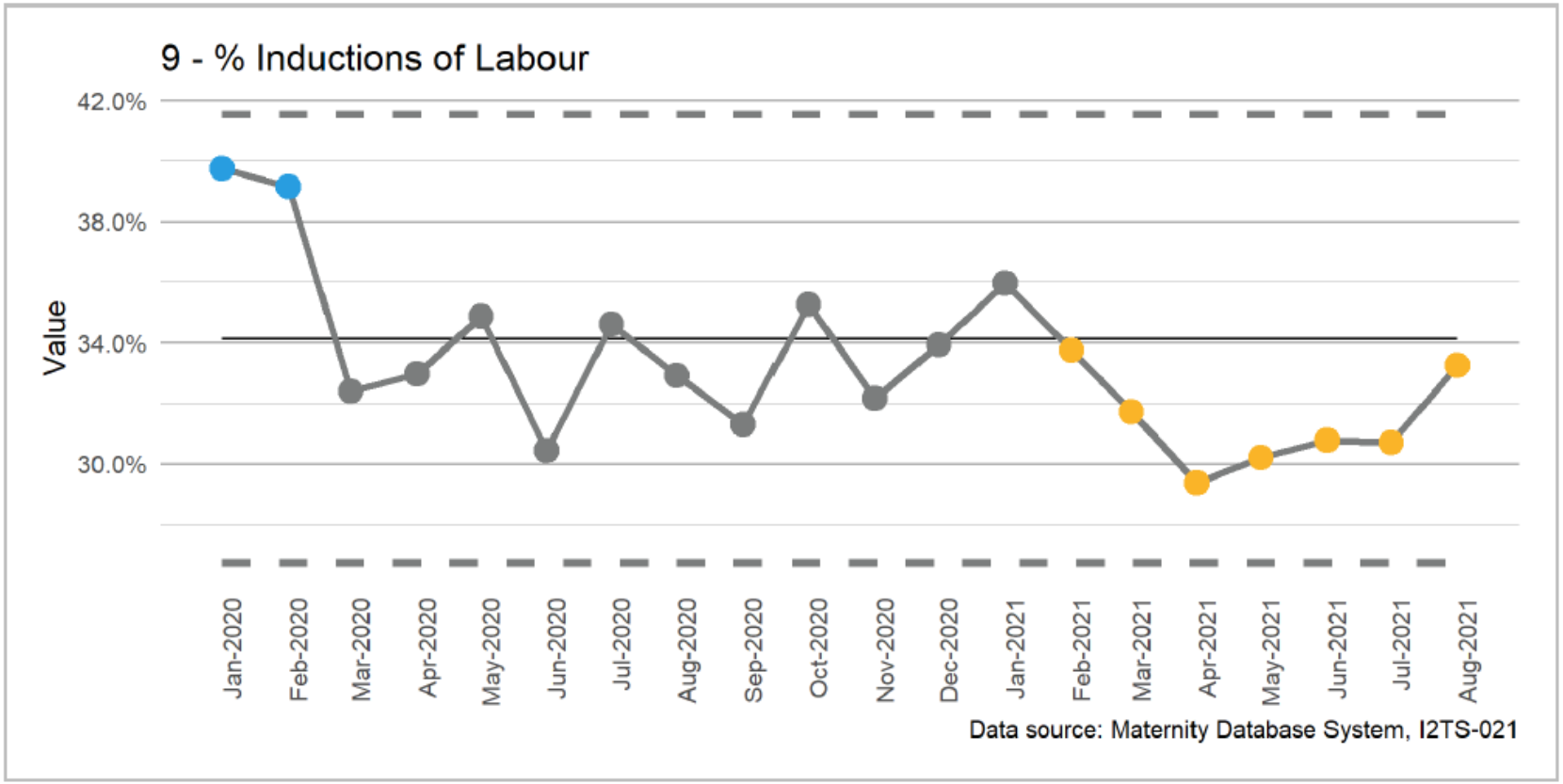
Mar-2021
Apr-2021
May-2021
Jun-2021
Jul-2021
Data source: SYSTMONE, I2TS-021


9 - % Inductions of Labour
42.0%
38.0%
34.0%
30.0%
Value
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-2020
Jan-2021
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Mar-2021
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
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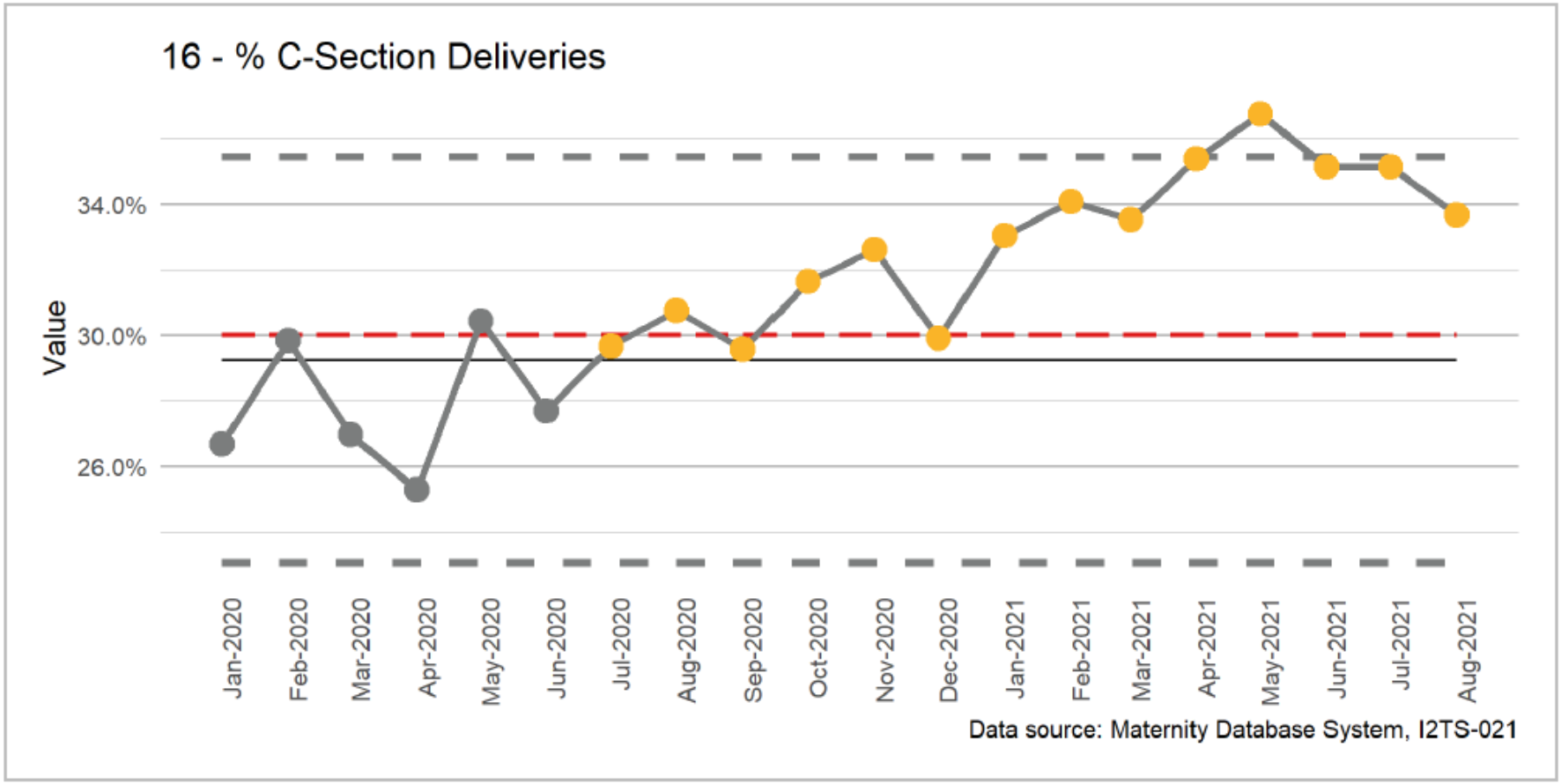
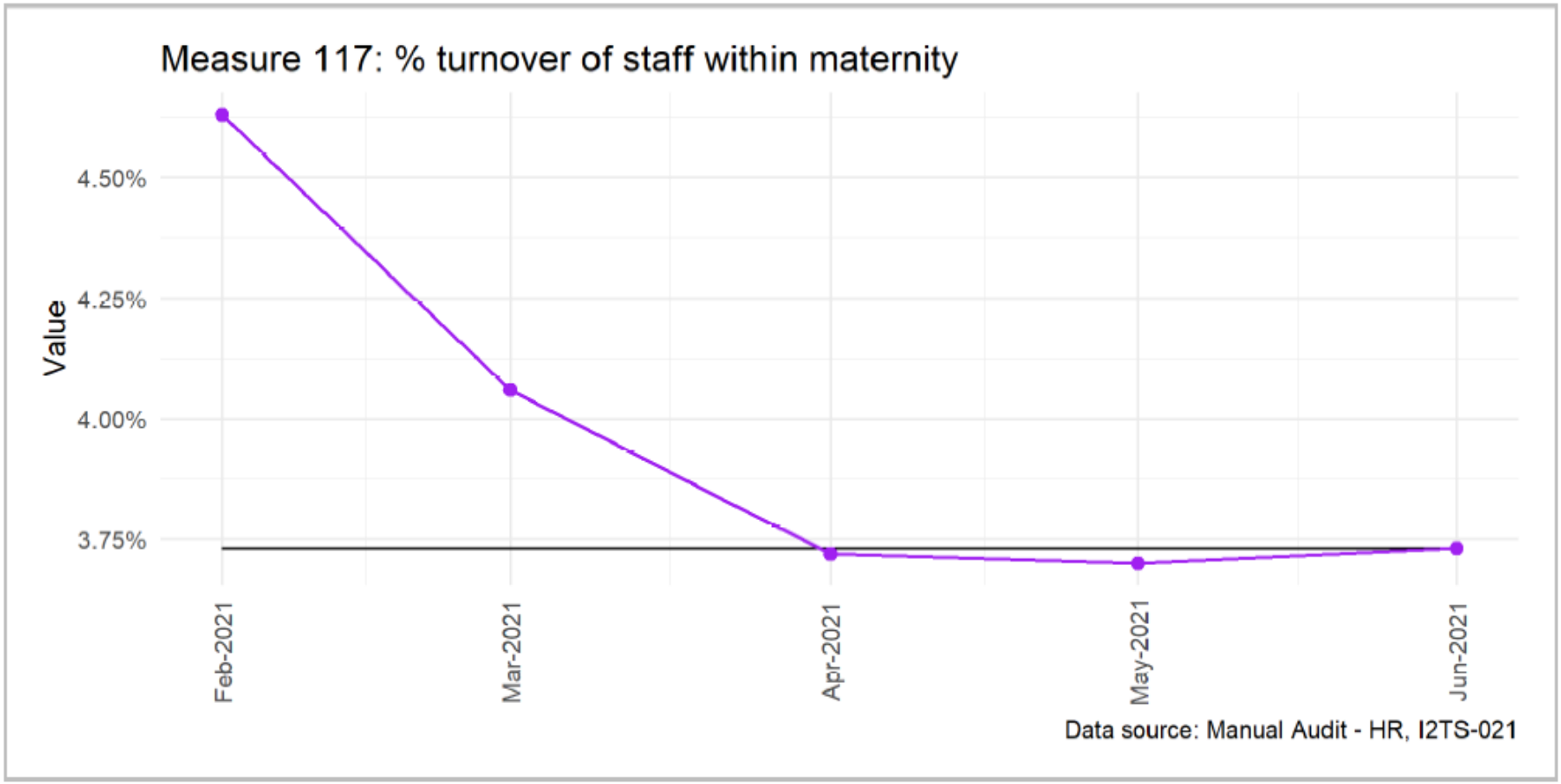
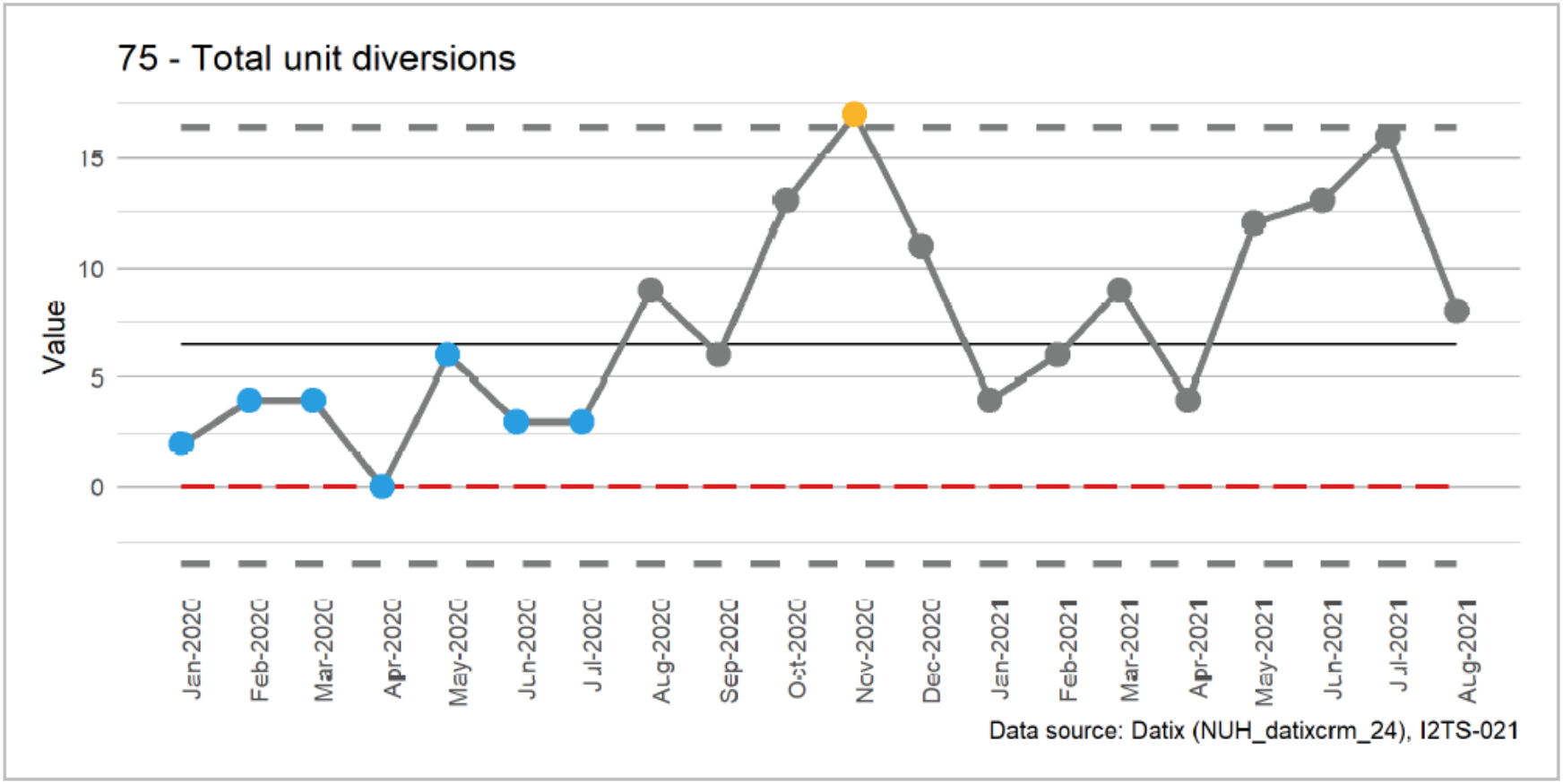

16 - % C-Section Deliveries
Value
34.0%
30.0%
26.0%
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-2020
Jan-2021
Feb-2021
Mar-2021
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Data source: Maternity Database System, I2TS-021

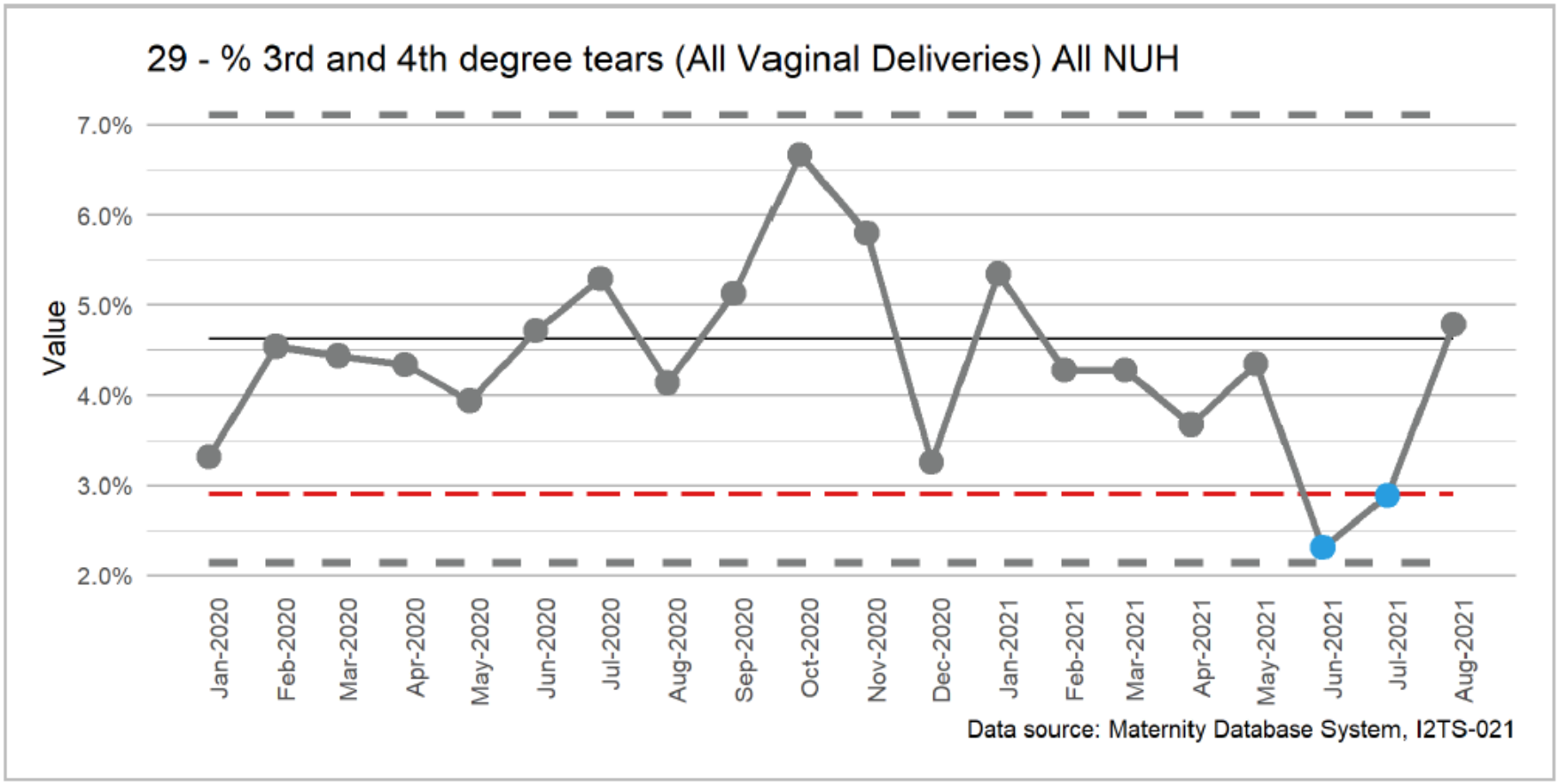

Measure 117: % turnover of staff within maternity
Value
4.50%
4.25%
4.00%
3.75%
Feb-2021
Mar-2021
Apr-2021
May-2021
Jun-2021
Data source: Manual Audit - HR, I2TS-021

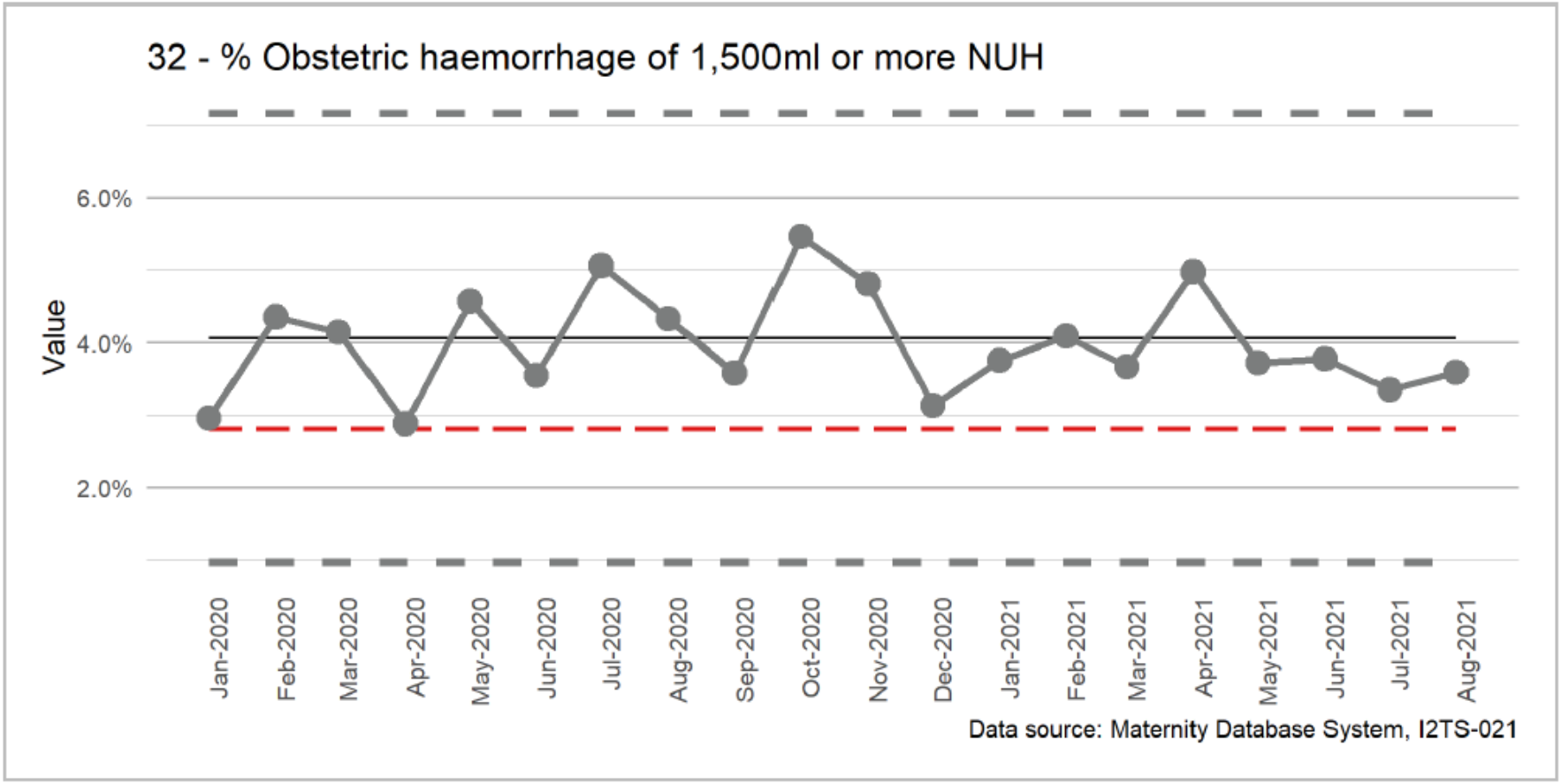

75 - Total unit diversions
Value
15
10
5
0
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-2020
Jan-2021
Feb-2021
Mar-2021
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Data source: Datix (NUH_datixcrm_24), I2TS-021

NHS
Nottingham
University Hospitals
NHS Trust

Regional Heat Map as of 9.9.21

Completion time	Provider Name	Maternity Escalation Policy Triggered?	Are you able to divert if required?	Home Birth Status	MLU Status	Able to meet minimum staffing requirements?
9/9/21 8:15:13	UNIVERSITY HOSPITALS OF DERBY AND I	No	Not required	Closed	Normal ser	No - unable to meet high absence
9/9/21 8:15:47	UNIVERSITY HOSPITALS OF DERBY AND I	No	Not required	Closed	Not applica	Yes - able to meet
9/9/21 8:16:28	UNIVERSITY HOSPITALS OF DERBY AND I	No	Not required	Closed	Not applica	Yes - able to meet
9/9/21 9:07:05	Walsall Healthcare NHS Trust	Yes - Internal to site	Not required	Closed	Closed	No - unable to meet high absence
9/9/21 9:36:56	Sherwood Forest Hospitals NHS Founda	No	Not required	Normal service	Normal ser	No - unable to meet high absence
9/9/21 10:01:18	University Hospitals of North Midlands	No	Not required	Closed	Normal ser	No - unable to meet high absence
9/9/21 10:03:20	Kettering General Hospital NHS Founda	Yes - Internal to site	Not required	Normal service	Not applica	Yes - able to meet
9/9/21 10:04:06	The Royal Wolverhampton NHS Trust	Yes - Internal to site	Not required	Normal service	Normal ser	No - unable to meet high absence
9/9/21 10:08:37	Nottingham University Hospitals NHS T	No	Yes to another site within trust	Normal service	Normal ser	No - unable to meet high absence
9/9/21 10:10:20	Nottingham University Hospitals NHS T	No	Yes to another site within trust	Normal service	Normal ser	No - unable to meet high absence
9/9/21 10:21:08	Birmingham Women's and Children's N	Yes - Internal to site	Not required	Normal service	Normal ser	Yes - able to meet
9/9/21 10:27:37	University Hospitals Birmingham NHS F	No	Yes to another site within trust	Normal service	Normal ser	Yes - able to meet
9/9/21 10:28:26	University Hospitals Birmingham NHS F	No	Yes to another site within trust	Normal service	Closed	Yes - able to meet
9/9/21 10:49:45	The Dudley Group NHS Foundation Trus	Yes - External	No and need to	Closed	Normal ser	No - unable to meet extreme absence
9/9/21 11:02:12	Northampton General Hospital NHS Tru	Yes - Internal to site	Not required	Closed	Normal ser	No - unable to meet high absence
9/9/21 11:05:58	United Lincolnshire Hospitals NHS Trust	Yes - Internal trust multisite trust	Yes to another site within trust	Normal service	Not applica	Yes - able to meet
9/9/21 11:06:35	United Lincolnshire Hospitals NHS Trust	Yes - Internal trust multisite trust	Yes to another site within trust	Normal service	Not applica	Yes - able to meet
9/9/21 11:29:56	Wye Valley NHS Trust	Yes - Internal to site	Yes to another trust	Closed	Not applica	No - unable to meet high absence
9/9/21 12:53:05	University Hospitals Birmingham NHS F	Yes - Internal to site	Not required	Normal service	Normal ser	No - unable to meet high absence


29 - % 3rd and 4th degree tears (All Vaginal Deliveries) All NUH
Value
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-2020
Jan-2021
Feb-2021
Mar-2021
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Data source: Maternity Database System, I2TS-021


32 - % Obstetric haemorrhage of 1,500ml or more NUH
6.0%
4.0%
2.0%
Value
Jan-2020
Feb-2020
Mar-2020
Apr-2020
May-2020
Jun-2020
Jul-2020
Aug-2020
Sep-2020
Oct-2020
Nov-2020
Dec-2020
Jan-2021
Feb-2021
Mar-2021
Apr-2021
May-2021
Jun-2021
Jul-2021
Aug-2021
Data source: Maternity Database System, I2TS-021

Nottingham University Hospitals NHS Trust

Bellwether Indicators

1. PPH over 1.5l
2. 3rd and 4th degree tears
3. Sepsis recognition (antibiotics within an hour) / MEOWS
4. Fresh eyes (within 1 hour)
5. VTE at booking
6. Term admissions to NNU
7. Babies or women readmitted at 28/7
8. Stillbirths /neonatal deaths / maternal deaths
9. Unit closures (divert to other Trusts)
10. Vacancy rates against establishment (midwifery and obstetric staff)
11. Re-opened complaints
12. Mandatory training rates (all staff)
13. Appraisal rates (all staff)
14. Incident reporting rates against peers

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 October 2021

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

CLINICAL COMMISIONING GROUP MATERNITY IMPROVEMENT

Purpose of the Report

1. To provide an initial briefing on the wider maternity improvement agenda.

Information

2. In order to provide the Health Scrutiny Committee with a wider perspective on maternity improvement issues, and actions being undertaken by the Nottingham and Nottingham Clinical Commissioning Group (CCG), Rosa Waddingham, Chief Nurse, Nottingham and Nottinghamshire will attend the meeting to present the information and answer questions, as necessary.

3. A written briefing from the CCG is attached to this report as Appendix 1.

4. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Identifies requirements for information for future consideration.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

NHS NOTTINGHAM AND NOTTINGHAMSHIRE CCG

MATERNITY IMPROVEMENT BRIEFING – COUNTY HEALTH SCRUTINY COMMITTEE

The Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) has been working closely with Local Maternity & Neonatal System (LMNS) partners over the past year to oversee improvements in maternity services and implement Urgent Clinical Priorities following the publication of the interim Ockenden Report (December 2020).

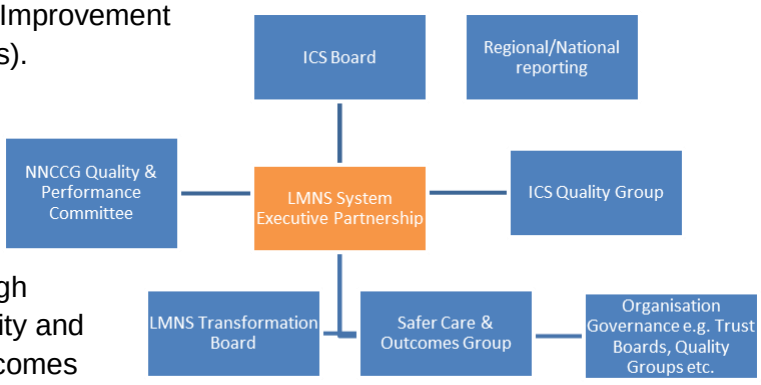
This briefing will aim to summarise the work and illustrate maternity improvement system oversight arrangements in addition the progress specifically in relation to Nottingham University Hospitals Maternity Services.

1. System Approach to Maternity Assurance & Quality

1.1 As the clinically led statutory NHS body responsible for the planning and commissioning of healthcare services NHS Nottingham and Nottinghamshire CCG plays an integral role to ensure we get the best maternity care and outcomes for our local families.

1.2 The CCG is key partner of the Nottingham and Nottinghamshire Local Maternity & Neonatal System (LMNS). The LMNS Executive Partnership Board is currently chaired by the Chief Nursing Officer of Nottingham and Nottinghamshire Integrated Care System (ICS) and CCG.

1.3 LMNS representatives include Executive Leads from both of the maternity providers (Sherwood Forest Hospitals and Nottingham University Hospitals), Nottingham and Nottinghamshire Maternity Voices Partnership (MVP), CCG, Local Authority Public Health, and NHS England and NHS Improvement Head of Maternity Network (Midlands).



1.4 The LMNS has a specific role in overseeing delivery of the national priorities to tackle health and care inequalities focusing on the transformation and delivery of high quality, safe and sustainable maternity and neonatal services and improved outcomes and experience for woman and their families. As collaborative partners the LMNS Executive Partnership Board drives the LMNS Programme to deliver sustained improvements in safety, equity, quality and outcomes.

Appendix A describes system partnership roles across the LMNS.

1.5 The Ockenden Report recommends that increased authority and accountability is given to LMNS' to ensure the safety and quality in the maternity services they represent. During June 2021 Terms of Reference and LMNS work programmes were reviewed to ensure that the LMNS purpose specifically included key Ockenden deliverables:

LMNS Ockenden Deliverables 2021/2022	Nottingham and Nottinghamshire Position
Oversight of quality in line with implementing a revised perinatal quality surveillance model	Perinatal Quality Surveillance oversight through the LMNS Perinatal Quality Surveillance Group (previously Safer Care & Outcomes Group) reporting into the LMNS Partnership Executive Board and ICS Quality Committee. The Group will lead on the production of a local quality dashboard which brings together a range of sources of intelligence relevant to both maternity and neonatal services from provider trusts within the LMNS. The Group will take timely and proportionate action to address any concerns identified and building this into local transformation plans. The onus should be on trusts to share responsibility for making improvements, making use of strengths in individual neighbouring trusts within the LMNS to ensure that learning and data gathered through perinatal improvement work is shared across the ICS to inform wider delivery improvement.
To share information and learning in a structured and systematic way, working with partners to turn learning into service improvement.	An LMNS Dashboard Sub Group (DSG) is now in place (August 2021) reporting into the LMNS Perinatal Quality Surveillance Group aim to create a perinatal surveillance system dashboard to support the collection, interpretation & monitoring of system outcome data for both perinatal surveillance and improvement purposes. The DSG is chaired by the CCG Head of Quality (Maternity) with representatives from across maternity and neonatal services, system analytics and public health. An external analytics company has been commissioned to support the development of a dashboard. There is a two to three year time lag in publishing national maternity and perinatal mortality data and we need to do more to oversee and understand local outcomes. NHS Digital released a major update to the Maternity Services Data Set (MSDS) in April 2019 which enables clinical data to be collected for great insight. Improved data quality is absolute focus for the LMNS.
To oversee local trust actions to implement the immediate and essential actions from the Ockenden report	Trusts are required to submit quarterly reports to NHS England and NHS Improvement (NHSEI) regarding compliance with the 7 Immediate and Essential Actions described in the Ockenden report. A process is in place for the LMNS to review provider submissions with a focus on quality assurance and action plans. See Appendix B for further detail.
To ensure action is taken to improve the culture of maternity and neonatal services as a building block for safe, personal and more equitable care	The national Perinatal Equity Strategy will be reviewed by the LMNS Board once available. Early work to address health inequalities has commenced e.g. the perinatal mental health work stream is currently developing a health inequalities action plan informed by local data and information about access and engagement with local perinatal mental health services. This plan will drive forwards actions that are aimed at improving access to services across the perinatal mental health care pathway. Currently, every woman is provided with a paper Personalised Care and Support Plan (PCSP). Whilst the plan is reviewed throughout the pregnancy, work over the next year will focus on the quality of the plans and embedding their use with both women and professionals during the maternity journey. This will include training of the workforce in shared decision making and the principles of choice and personalisation. Plans to digitise PCSP's on Patient Knows Best public facing digital app will support with the

	embedding of quality PCSP. Both NUH and SFH are developing plans to ensure that they have the building blocks of continuity of carer in place to support women to have personalised care delivered by a consistent person.
To co-design and implement a vision for local maternity and neonatal services with local women through Maternity Voices Partnerships (MVP)	Currently in Nottingham and Nottinghamshire there is a MVP which is an independent, multi-disciplinary advisory body, made up of local parents, representatives and professionals who evolved from the Maternity Service Liaison Committee. Our committee currently includes representatives from NUH and SFH with both midwifery and obstetric representatives attending; CCG; Nottingham City and County Local Authorities; HealthWatch; Small Steps Big Changes (SSBC), and doulas. At each meeting there are several service users who have used Nottinghamshire maternity services and have volunteered to be active members of our MVP. MVP volunteers with the support of HealthWatch have undertaken several engagement activities including 'walking the patch', '15 Steps' and themed surveys.
To implement shared solutions wherever possible through shared clinical and operational governance	A LMNS Serious Incident (SI) Shared Governance Group has been established (April 2021) reporting into the LMNS Perinatal Quality Surveillance Group. This is a multi-organisation collaborative group of system and regional subject matter experts (representatives include leads for midwifery, obstetrics, and neonatology both NUH and SFH; NHSE/I; Maternity Neonatal System Improvement Partners (MatNeoSiP) Clinical Leads; and ICS Patient Safety Specialists). The principal duties of the group are to lead on the scrutiny, oversight and transparency of all maternity-related incidents which meet the following criteria identified as serious incidents with a focus on shared learning and the development of recommendations which will support providers to initiate impactful quality improvement work. The Group is responsible for identifying common causal factors and themes to support oversight and improvement.

2. Nottingham University Hospitals NHS Trust Maternity Services - Commissioner Actions/Involvement

2.1 In response to concerns regarding the quality of maternity services at Nottingham University Hospitals (NUH) enhanced surveillance was initiated during Autumn 2020. Actions included:

- Temporary release of midwifery subject matter expertise to establish and support SafeToday (December 2020 – April 2021)
- Establishing regular information sharing meetings and touch-points at both Executive and Operational levels
- Support with serious incident management and assessment of harm-related incidents. This includes CCG active involvement as part of internal rapid reviews and Trust incident review meetings, in addition to establishing an independent system panel to review incidents through the LMNS
- Support with emergency planning and seeking mutual aid
- Establishing a system oversight framework (see Appendix C) to monitor progress of both immediate safety plus the transformation and change programme. This includes establishing the NUH Maternity Safety Oversight and Quality Assurance Group (QAG)

co-chaired by the CCG Accountable Officer and NHSEI Regional Chief Nurse (Midlands). The group aims to provide oversight and support for the NUH Maternity Improvement Programme. Representation includes Healthwatch, Professional Bodies, Health Education England, Regional Chief Midwife, Care Quality Commission (CQC), and Local Authority Public Health.

2.2 The CCG continues to work closely with Nottingham University Hospitals NHS Trust to ensure rapid improvements are made, providing capacity to support, as well as continuing to provide scrutiny and challenge to the Trust's maternity improvement plans.

2.3 Working with LMNS partners the CCG has put in place a robust assurance process to track progress against required actions, increased scrutiny of untoward events and serious incidents at the Trust, and worked with the Trust to retrospectively review a number of maternity incidents

2.4 The CCG has worked with LMNS partners and NUH to respond to the findings and recommendations of the Ockenden report and taken steps to ensure the implementation of rapid safety changes within the Trust.

2.5 Working with the Maternity Voices Partnership and NUH the CCG has worked to make rapid improvement to maternity care and ensure the voice of the women and families is reflected in the Trusts' improvement plan. We know that listening to the stories of women and their families is an essential step in improving maternity services and we are committed to ensuring that happens.

2.6 A revised service specification is currently being drafted with an expected completion date of October 2021

2.7 A programme of Quality and Safety Insights visits was established in May 2021 where CCG and system partners including NHSE/I attended the Maternity service at NUH (across all areas). The purpose of these visits was to gain assurance about the quality and safety of services commissioned across Nottingham and Nottinghamshire. Though positive approaches to care was observed by the visiting team, and women and families reported kind and compassionate care, a number of areas of concern were identified. These included Infection Prevention and Control (IPC) practices, Medicines Management, availability of equipment (both essential and emergency), staffing and skill mix, communication and involvement, and a lack of learning culture. A number of immediate actions were identified.

2.8 Oversight and support was further strengthened through the creation of a CCG Head of Quality (Maternity) and Quality Manager (Maternity) posts.

2.9 The CCG has also worked with the LMNS and system partners to ensure oversight of the operational demands whilst responding to the COVID pandemic and roll out of both the maternity COVID vaccination programme and COVID virtual wards. The LMNS PMO has coordinated a system approach to increasing uptake of the Covid vaccination for pregnant women, including a particular focus on clinically vulnerable pregnant women, on behalf of the vaccination cell. This multi-partner approach, including Maternity Voices

Partnership, has resulted in agreed system communications as part of the every contact counts approach, vaccination clinics collocated with antenatal clinics, online webinars for women and families to access factual, clinically-led information and the development of a staff training package to support midwifery staff to have conversations with women who are vaccine hesitant.

2.10 This is not an exhaustive list however provides some insight into the numerous actions taken by the CCG to oversee and support the necessary improvements so babies, women and their families get the safe, effective and personalised care that they deserve.

3. Nottingham University Hospitals NHS Trust – Maternity Improvement Progress

3.1 Since January 2021 NUH have provided monthly progress updates to the QAG however concerns persist due to the lack of pace and assurance seen across the NUH Maternity Improvement Programme and a lack of focus on impact and outcomes.

3.2 Although considerable work to develop a meaningful Improvement Plan and a Provider Maternity Dashboard there is still not clear triangulation between these or the challenges the service faces.

3.3 Progress has been hindered by the change in critical leadership roles such as 4 Director of Midwife's and 3 Chief Nurse's in 8 months as well as the on-going operational demands.

4. NUH Maternity Improvement – CCG/ICS Upcoming Actions

4.1 Enhanced surveillance and system/regulatory support continues to be in place at Nottingham University Hospitals as part of Maternity Safety Oversight and Quality Assurance.

4.2 In addition to the established quality and safety oversight framework daily active assurance continues with CCG representatives present at daily Maternity MDT Safety Call, Maternity Divisional Case Review Meetings, Daily Rapid Reviews Meetings and Trust Incident Review Meetings.

4.3 A system-wide response and support offer is in place to address the on-going challenges at NUH with maternity governance, systems and procedures

4.4 Another Quality & Safety Insight Visit is scheduled for 28 and 29 September 2021 and key lines of enquiry have been developed based upon the initial visits, the maternity improvement plan and available system intelligence (including serious incidents).

4.5 NUH received £2,716,293 in NHSEI BirthRate+® funding (Sherwood Forest Hospitals (SFH) received £171,677). Plans to address the current NUH midwifery gap of 73WTE and 12 consultants are ongoing and will be reviewed through the NUH Maternity Safety Oversight and Quality Assurance Group and ICS workforce forums.

4.6 Continue support across the system due to recent operational demand & challenges:

- Progress Mutual Aid offers including access to the Improving Access to Psychological Therapies (IAPT) services, Let's Talk –Wellbeing with new processes in place to provide rapid access for families affected by NUH maternity services
- Support the review of planned/elective activity
- LMNS support to maximise vaccination uptake; vaccination hesitancy remains a local and national challenge
- Support with Quality Impact Assessment of Home Birth Services
- Regional input from NHSEI and Neonatal Network

Independent Review of NUH Maternity Services

4.7 On 10 September 2021 an update was shared with partners to inform of an *Independent Review of NUH Maternity Services* jointly commissioned by the CCG and NHSEI Midlands Regional team

4.8 The aim of this Review, which is due to commence October 2021, is to drive rapid improvements to maternity services in Nottingham by focussing on issues where change is urgently needed. The Review will analyse a broad range of information from complaints, incidents, concerns and family experiences, but will also have a clear focus on current practice to ensure that the appropriate standards of safety and quality are being delivered.

4.9 Initial thinking is that the review will need to draw on a large body of existing evidence: serious incidents, Healthcare Safety Investigation Bureau (HSIB) referrals, incidents internally recorded by the Trust, all coronial cases and relevant Preventing Future Death reports, number and types of litigations raised, complaints and concerns, cases of maternity admission to intensive care, maternity cases resulting in a referral to the GMC/NMC, workforce (vacancies and turnover), findings of cultural and staff surveys, data and information, and committee papers.

4.10 Critically, we want to make sure that we listen to and acknowledge areas of concern, and that these are put right, so that services are safe and provide high quality care for future families.

4.11 The Review will be completely independent of NUH, includes involvement from families and the findings and report will be made public when complete.

Involvement of Families

4.12 The Review will engage with families and is actively seeking membership of the proposed Reference Panel to support the work of the Review as it commences and throughout. It is intended to share the draft Terms of Reference with families (as outlined below) shortly. We are committed to ensuring that affected families will be kept up to date and involved (in whatever way they wish) throughout the review. This will include membership and engagement in the Reference Panel and a written monthly update to all families and interested parties.

4.13 In addition to this, we will ensure that any concern raised through the Review by families is given full attention and unless already completed that these are thoroughly investigated through an Independent Investigation processes.

4.14 We have met with the legal representative of a considerable number of families and have further meetings arranged with several families and local and regional Maternity Voices Partnership Chairs to shape the Terms of Reference. Additionally, families who have contacted us but do not want to meet are providing written feedback on these ToR.

Key Personnel

4.15 A Programme Director has been appointed to support the independent Review team, who has the appropriate skills, experience and qualifications to undertake the work required and demonstrates clear independence from NUH.

4.16 Programme Director: Catherine Purt. Extensive NHS experience in commissioning, acute hospitals and primary care as well as private sector roles. Majority of experience in the North West of England but also across the South West and West, currently Non-Executive Director, Shropshire Community Health NHS Trust.

4.17 Over the coming week the appointment of two clinical leaders for the Review team will also be finalised and we will share their details.

Terms of Reference

4.18 A draft set of Terms of Reference (ToR) has now been drawn up and during September shared with affected families for their comments and input. A final version of this ToR is therefore anticipated to be produced at the start of October and will be published shortly afterwards. The ToR will describe the overall approach of the Review, its operating model, the areas of focus, how the families will be involved, its timescale and how the findings will be published. This ToR will be provided to the committee as soon as available.

4.19 The Review itself will commence its work at the beginning of October.

APPENDIX A - KEY SYSTEM ROLES & FUNCTION

Local Maternity & Neonatal System (LMNS): The LMNS is a partnership collaborative established to oversee the development and implementation of a local vision for transforming maternity services based on the principles of Better Births, the NHS Long Term Plan, the National Neonatal Review (Better Newborn Care), and the interim Ockenden Report.

The LMNS was established in 2017 following the publication of Better Births (2016) which set out the vision that through transformation, all maternity services across England will become safer, more personalised, kinder, professional, and more family friendly. A refreshed local Maternity Transformation Plan developed by the LMNS outlines the shared vision to ensure that women and their babies have access to consistently high-quality and safe services. This includes a commitment to move from operating within a traditional service-specific approach to outcome-focused commissioning.

On behalf of the Nottingham & Nottinghamshire Integrated Care System **LMNS Programme Management Office (PMO)** hosted by the CCG oversees the development and progress of evolving delivery plans to take forward priorities and ambitions.

The **LMNS Executive Partnership Board** seeks to obtain assurance that plans are progressing at a local level ensuring that transformation remains person centred to address the national priorities and trajectories for:

- Personalised Care
- Continuity of Care
- Safer Care
- Better Postnatal and Perinatal
- Mental Health
- Multi-Professional Working
- Working across Boundaries
- Payment System

Clinical Commissioning Group (CCG): As the clinically led statutory NHS body responsible for the planning and commissioning of healthcare services, the CCG plays an integral role to ensure we get the best maternity care and outcomes for our local families. The CCG is a key partner of the LMNS and the CCG/ICS Chief Nurse is the Senior Responsible Officer (SRO) for Maternity Transformation.

The **Maternity Voices Partnership (MVP)** is an NHS working group of maternity service users and system partner organisation including Healthwatch and 3rd sector.

LMNS Partner Organisations involved in developing and delivering maternity improvement and transformation:

Representing service users	Healthwatch Nottingham City and Healthwatch Nottinghamshire
	Nottinghamshire Maternity Voices Partnership
	Small Steps Big Changes (led by Nottingham CityCare Partnership)
Maternity and neonatal service providers	Nottingham University Hospitals NHS Trust
	Sherwood Forest Hospitals NHS Foundation Trust
Public Health and early years providers	Child Health Information Service (CHIS), Nottinghamshire Healthcare NHS Trust (county) and Nottingham CityCare Partnership (city)
	Children's centres: Nottinghamshire Childrenn and Families Partnership (county) and Nottingham City Council (city)
	Public health nursing: Healthy Families Programme, Nottinghamshire Healthcare NHS Foundation Trust (county)
	Small Steps Big Changes (led by Nottingham CityCare Partnership and funded by Big Lotto)
	Weight management: ChangePoint, Everyone Health
	Smoking cessation: Smokefree Lives Nottinghamshire, Solutions for Health (county), New Leaf, Nottingham CityCare Partnership (city)
Mental health providers	Insight Healthcare (psychology therapy)
	Nottinghamshire Healthcare NHSFT (mother and baby unit, perinatal psychiatry service, psychological therapy, child & adolescent)
	Trent PTS (psychology therapy)
	Turning Point (psychology therapy)
Other key providers	East Midlands Ambulance Service
	General Practice
	NHS 111 Service
	Social care (adult and children)
Commisssioners	Nottingham and Nottinghamshire CCGs
	Nottinghamshire Children's Integrated Commissioning Hub
	Nottinghamshire County Council
	Pubic Health England

Immediate and Essential Action

Better Births
Nottingham and Nottinghamshire
NHS

In December 2020, a review into maternity services was published by Senior Midwife Donna Ockenden and a team of leading health care professionals. The report had seven immediate and essential actions that NHS Trusts needed to follow. Here are some of the ways we are working together to provide the best maternity care possible for women and their families across Nottingham and Nottinghamshire.

1 Enhanced Safety

What we need to do:

Neighbouring Trusts must work together to make sure that investigations into serious maternity incidents (SIs) are looked into by local and regional maternity teams.

Our plan:

- We have set up a system working group to review and learn from serious incidents.
- Our Local Maternity and Neonatal System (LMNS) Board will have oversight of safety and learning from serious incidents will be shared across our local NHS organisations to make services safer.

2 Listening to Women and Families

What we need to do:

Maternity services must make sure that women and their families are listened to with their voices heard.

Our plan:

- We are working closely with our Maternity Voices Partnership (MVP) to involve women and families in planning and decisions about their care.
- We are working with local partners to make sure services involve fathers and partners in discussions about appointments and care.

3 Staff Training and Working Together

What we need to do:

Staff who work together must train together

Our plan:

- We will make sure staff have the right skills needed to safely care for women and thier families.

4 Managing Complex Pregnancy

What we need to do:

Make sure there are processes in place to help manage and support women with complex pregnancies

Our plan:

- Trusts have developed ways to help support women with complex pregnancies and will continue to review this.
- We are working with neonatal services to make sure women are able to give birth in the setting that is safest for them and their babies.

5 Risk Assessment Throughout Pregnancy

What we need to do:

Staff must make sure women have a risk assessment at each contact throughout their pregnancy.

Our plan:

- Midwives will continue to support women to make the right choice for them about where they want to have their baby.
- We are working together with women and their families to plan their care based on their needs.

6 Monitoring Fetal Wellbeing

What we need to do:

All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with expertise to focus and show best practice in fetal monitoring.

Our plan:

- Trusts will have Midwife and Consultant Fetal Monitoring leads to improve practice, share learning and support staff with fetal wellbeing monitoring.

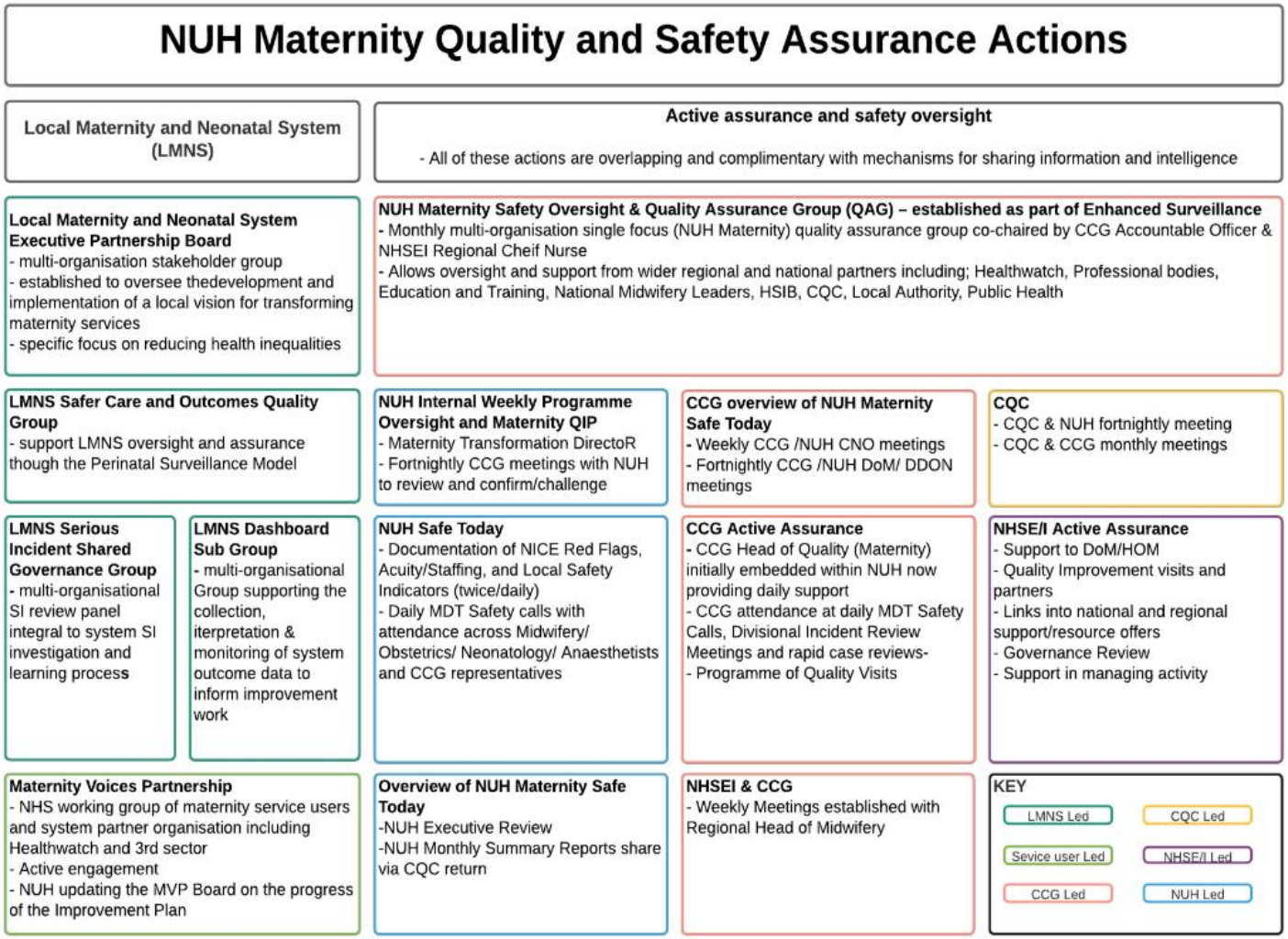
7 Informed Consent

What we need to do:

All Trusts must make sure women have access to accurate information so they can make choices about where they want to give birth and the mode of birth, including maternal choice for caesareans.

Our plan:

- Trusts will continue to update their websites to provide women and families with information about places of birth and how they will receive care, with printed and translated information also available.
- Trusts will work with the MVP and other partners make sure information is easy to find and suitable.


NUH Maternity Quality and Safety Assurance Actions
Local Maternity and Neonatal System (LMNS)
Active assurance and safety oversight
- All of these actions are overlapping and complimentary with mechanisms for sharing information and intelligence
Local Maternity and Neonatal System Executive Partnership Board
- multi-organisation stakeholder group
- established to oversee thedevelopment and implementation of a local vision for transforming maternity services
- specific focus on reducing health inequalities
NUH Maternity Safety Oversight & Quality Assurance Group (QAG) – established as part of Enhanced Surveillance
- Monthly multi-organisation single focus (NUH Maternity) quality assurance group co-chaired by CCG Accountable Officer & NHSEI Regional Cheif Nurse
- Allows oversight and support from wider regional and national partners including; Healthwatch, Professional bodies, Education and Training, National Midwifery Leaders, HSIB, CQC, Local Authority, Public Health
LMNS Safer Care and Outcomes Quality Group
- support LMNS oversight and assurance though the Perinatal Surveillance Model
NUH Internal Weekly Programme Oversight and Maternity QIP
- Maternity Transformation DirectoR
- Fortnightly CCG meetings with NUH to review and confirm/challenge
CCG overview of NUH Maternity Safe Today
- Weekly CCG /NUH CNO meetings
- Fortnightly CCG /NUH DoM/ DDON meetings
CQC
- CQC & NUH fortnightly meeting
- CQC & CCG monthly meetings
LMNS Serious Incident Shared Governance Group
- multi-organisational SI review panel integral to system SI investigation and learning process
LMNS Dashboard Sub Group
- multi-organisational Group supporting the collection, iterpretation & monitoring of system outcome data to inform improvement work
NUH Safe Today
- Documentation of NICE Red Flags, Acuity/Staffing, and Local Safety Indicators (twice/daily)
- Daily MDT Safety calls with attendance across Midwifery/ Obstetrics/ Neonatology/ Anaesthetists and CCG representatives
CCG Active Assurance
- CCG Head of Quality (Maternity) initially embedded within NUH now providing daily support
- CCG attendance at daily MDT Safety Calls, Divisional Incident Review Meetings and rapid case reviews-
- Programme of Quality Visits
NHSE/I Active Assurance
- Support to DoM/HOM
- Quality Improvement visits and partners
- Links into national and regional support/resource offers
- Governance Review
- Support in managing activity
Maternity Voices Partnership
- NHS working group of maternity service users and system partner organisation including Healthwatch and 3rd sector
- Active engagement
- NUH updating the MVP Board on the progress of the Improvement Plan
Overview of NUH Maternity Safe Today
-NUH Executive Review
-NUH Monthly Summary Reports share via CQC return
NHSEI & CCG
- Weekly Meetings established with Regional Head of Midwifery
KEY
LMNS Led
CQC Led
Sevice user Led
NHSE/I Led
CCG Led
NUH Led

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 October 2021

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.

3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.

4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.

5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and agrees the content of the draft work programme.

2) Suggests and considers possible subjects for review.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2021/22

Subject Title	**Brief Summary of agenda item**	**Scrutiny/Briefing/Update**	External Contact/Organisation
8 June 2021			
NUH Maternity Services Improvement Plan	Further briefing on NUH's improvement plan for maternity	Scrutiny	Dr Keith Girling and Sarah Moppett (NUH)
Diabetes Services/Public Health	Initial briefing on diabetes and public health services	Scrutiny	Lewis Etoria & Laura Stokes, Nottingham & Nottinghamshire CCG
13 July 2021			
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Lewis Etoria, Head of Insights and Engagement Nottinghamshire CCG (and other senior officers TBC).
7 September 2021			

Access to Primary Care	An initial briefing on patient access to primary care as part of an ongoing review.	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Joe Lunn, Associate Director of Primary Care and other senior Nottinghamshire CCG officers
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
12 October 2021			
Mental Health Crisis Services	An initial briefing on the state of mental health crisis services as part of an ongoing review	Scrutiny	Julie Attfield Nottinghamshire Healthcare Trust
Bassetlaw Mental Health Proposals – Travel Plan	Consideration of the draft travel plan	Scrutiny	Julie Attfield, Nottinghamshire Healthcare Trust and Dr Victoria McGregor Riley, Bassetlaw CCG
Nottingham University Hospitals Maternity Improvement Plan	Update on NUH's actions in relation to its CQC inspection improvement plan	Scrutiny	Dr Keith Girling, Medical Director and other senior NUH officers.
Public Health and Commissioner Maternity Improvement	An initial briefing on wider maternity improvement issues.	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire CCG, Louise Lester,

			Public Health Nottinghamshire County Council
23 November 2021			
Health and Social Care Bill	An initial briefing on the implications of the Health and Social Care Bill	Scrutiny	Alex Ball, Director Communications and Engagement, Nottinghamshire ICS/CCG TBC
Access to Primary Care	Further consideration of information as part of an ongoing review	Scrutiny	Lucy Dadge, Chief Commissioning Officer and other senior Nottinghamshire CCG officers TBC
Bassetlaw Emergency Village	Initial briefing on Emergency Department/front door proposals in Bassetlaw	Scrutiny	Dr Victoria McGregor Riley, Bassetlaw CCG
To be scheduled			
Public Health Issues			
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	TBC
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC
Operation of the Multi-agency Safeguarding Hub	Initial briefing on the	Scrutiny	TBC
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	TBC
Winter Planning (NUH)	Lessons learned from experiences of last winter	Scrutiny	TBC
Tomorrow's NUH (January 2022)	Further briefing on development of services at NUH	Scrutiny	TBC

EMAS (July 2022)	Key Performance Indicators	Scrutiny	TBC

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID